The Nurse's Responsibility in Hyper-Thyroidism

By ROSCOE R. GRAHAM, M.B., Toronto

In no other type of disease has the efficient nurse such an opportunity to display her resourcefulness as is presented by the problem of nursing patients suffering from hyper-thyroidism. The nurse, by virtue of her contact with the staff of large teaching hospitals, is very often appealed to by friends or patients themselves who are suffering from enlarged thyroid glands. As is done by many physicians, so often does the nurse advise the use of iodine solutions, either externally or taken by mouth. In this connection one must utter a word of warning because of recent experiences where a perfectly harmless, benign adenoma of the thyroid is stimulated to a very active secretion by the injudicious use of iodine. Iodine in the treatment of toxic thyroid disease should not be prescribed outside of a hospital, and not until the patient has consented to surgical therapy, because iodine will not cure hyper-thyroidism. Some cases of enlarged thyroids, as has been stated, are made definitely worse, whereas in others there is a very gratifying immediate response to treatment, which, however, unfortunately cannot be maintained, and the patient then suffers a recrudescence of the disease and does not respond to iodine therapy to the same extent.

It is felt that the pre-operative preparation of the patient really represents the greatest safeguard to ultimate recovery, and it is in this phase of the disease that the tactful, patient and efficient nurse can render the greatest service. One must remember that, while surgical removal of a portion of the thyroid gland will cure the patient, that hyper-thyroidism is a disease which upsets practically all normal metabolic functions. Patients are irritable, often unreasonable in their demands, restless, easily excited, and generally mentally upset. It is only by appreciating the fact that the patient suffering from hyper-thyroidism is an entirely different personality from the same individual when this process is not active that one can exercise sufficient patience to humour the whims and not attempt to scold. By impatience we are defeating our own ends by still further adding to the mental unhappiness. To convert the restless, disturbed, irritable patient into a calm, placid individual requires the highest art and skill of the professional nurse.

The next common factor in this group of cases is the increased rate of metabolism, which means, in a patient who has, for instance, a basal metabolic rate of 150 per cent., that it would require 50 per cent. more food and fluids to maintain normal processes than would be required for a similar individual with a basal metabolic rate of normal, or 100 per cent.

One of the most constantly associated disturbances is that of the entire cardio-vascular system. This is represented by the rapid pulse rate, the undue perspiration, and the flushing of the skin.

These three factors combined, tend to deplete the body of fluids. Our prime requisite is to encourage the patient to drink as much water as is possible. This should be at least 150 ounces every twenty-four hours. In addition to this, to combat the increased metabolic rate, such patients require an excessive amount of food, so that the more attractive this can be prepared and served, the more likely will we be to attain our end. In

addition to this, we feel that supplementing the three regular meals by cocoa, malted milk, ovaltine, etc., at 10 a.m., 3 p.m. and 9 p.m. is of the greatest value.

Quite frequently one is faced with the problem of the extremely toxic thyroid case, with severe vomiting, and sometimes with diarrhœa. In such instances one will resort to interstitial of five per cent. glucose, which will supply both nourishment and fluid. To control the restlessness, morphia given in very liberal doses is our greatest ally. This can be repeated as often as is deemed necessary to secure rest, provided the respirations do not drop below 12. If diarrhœa does not accompany the nausea and vomiting, rectal medication can be resorted to, giving large doses of bromides or paraldehyde. Expert nursing makes it possible for the patient to retain these drugs per rectum, where otherwise inefficient care would cause them to be rejected. It is perfectly useless to attempt any rectal medication until the rectum has been emptied of all faecal content by a cleansing enema, and then, after a lapse of two or three hours, the drug should be slowly injected into the rectum, contained in three ounces of water about body temperature, using a small catheter, and extreme gentleness. Suggestion on the part of the nurse will do much in encouraging the patient to retain rectal medication.

With these fundamental principles in mind, it should be possible to convert a desperate hyper-thyroid case into a good operative risk.

Following the operation there are certain pitfalls which the nurse will have an opportunity of recognizing at an earlier date than the attending physician. First and foremost is haemorrhage; second, dyspnoea which is becoming progressive; and third, the character of the pulse rate. Fortunately, severe post-operative haemorrhage is extremely rare in experienced hands, but will occasionally occur even in the best regulated clinics. It rests with the nurse to recognize that such is occurring sufficiently early to allow of its prompt control, in order to prevent a fatality. In addition to any external evidence of bleeding, there will be increased respiratory difficulty, increased respiratory rate, and an acceleration of pulse rate. The nurse should, with these symptoms, examine the dressing and note any alteration in contour of the neck. Such an alteration, if present, should immediately be reported to the house physician, as it indicates haemorrhage deep in the wound.

One of the most troublesome post-operative problems is irritation of the trachea, with swelling, oedema, and the occurrence of tenacious mucus, which produces a distressing, painful coughing. This we have found to be relieved by giving inhalations of steam, using a solution of Tinct. Benzoin Co., one drachm to a pint. The construction of a tent about the patient's head into which this steam is allowed to flow has proven very satisfactory in our hospital. Atropine gr. 1/150 given hypodermically will also prove useful in cases with excessive mucus. Further, when morphine and atropine have been required in fairly generous amounts, there is developed a marked dryness in the mouth, producing much discomfort. We have found that a spray of plain liquid paraffin oil, used frequently, is very soothing and comforting to the patient.

As in the pre-operative preparation, the ingestion of a large quantity of fluid to make up for the loss by perspiration and vomiting is of the greatest importance. We insist that the patients receive post-operatively at least one hundred ounces of fluid every twenty-four hours, given by mouth or by interstitial. Failing both of these, provided it is not being absorbed interstitially, then it is given intravenously. The intravenous administration of fluid is apt to be upsetting to an already irritable patient,

but lack of confusion and ease of administration can be much facilitated by the efficiency of the nurse in seeing that the outfit is properly prepared and in good working order. The intravenous administration of any fluid is in a certain percentage of instances followed by reaction, as evidenced by chill and elevation of temperature. We feel that this can be minimized by having the fluid in the container constantly maintained at a temperature of 114°F. and run in at the rate of about ten to twenty c.c.'s per minute, depending upon the judgment of the attending surgeon, such judgment being influenced by the condition of the patient's heart. This will necessarily involve the presence of a needle in the patient continuously for from one to one and a half hours in most instances. In order to avoid upsetting the patient, and to avoid severe reactions, this procedure requires eternal vigilance on the part of the nurse to see that the needle is not shifted in the vein, and to see that the temperature of the solution in the container is maintained constantly at a temperature of 114°F. If fluids require to be increased still more, a rectal Murphy Drip may be used. Care is needed in order that the solution will not run in at such a rate that it will act as an enema and be expelled. We have found that forty to sixty drops per minute is as fast as the average patient can tolerate.

In giving solutions by interstitial continuously, observation on the part of the nurse can facilitate its absorption and minimize the discomfort to the patient. We have found that the intermittent running in of the solution, clamping the tube when the tissues become reasonably firm and just short of being painful, accomplishes quite as much as attempting to run the fluid continuously. If the temperature becomes unduly high, it can be controlled by tepid sponge baths, or by placing a sheet which is sprinkled with alcohol directly in contact with the patient's skin and turning a fan on this sheet. This will allow very rapid evaporation of the alcohol, and is a very efficient way of controlling excessive temperature. The usual febrile reaction following operation can be controlled by ice bags which are packed around the body and the extremities of the patient.

The observance of these principles, together with the prime object of maintaining mental placidity, will, on the part of the nurse, contribute very largely to the success of surgical procedures in thyroid disease.

The Capital City, with its centennial celebration in the foreground, looks forward to a very interesting summer. Not least among her guests will be the nurses from all points in the Dominion. The general meeting of the Canadian Nurses' Association will attract many, and Ottawa holds out a hand of welcome to all.

Hospital workers and private duty nurses will be interested in the new Civic Hospital: the last word in up-to-date equipment and management; also, the Ottawa General Hospital, keeping pace, will extend to the visitors a salutatory welcome. The smaller hospitals, five in number, being an added note to the city's bid for health in general, will certainly offer their share of hospitality. Nursing in schools, baby clinics, hospital out-door departments, dispensaries, and industrial plants, will afford the public health nurse keen and lively interest; while her co-worker, the social service nurse, will find her time well repaid in a visit to the City Social Service Department, the Welfare Bureau, and the Juvenile Court Detention Homes.

The nurses of Ottawa extend a greeting threefold to the nurses of the Dominion, and appreciatingly anticipate their forthcoming visit.

Editorial

As we celebrate throughout Canada the fifty-ninth anniversary of Confederation, there must come to all of us some realization of the entity of this great country which stretches from ocean to ocean.

Sometimes we are apt to be pessimistic about our national spirit, and to wonder if there is such a thing in Canada as a Canadian. We seem rather to be British Columbians or Nova Scotians, or to belong exclusively to some one of the nine provinces. Are we not in danger of magnifying the boundary lines between provinces unduly with the result that interprovincial competition too often results in interprovincial enmity or something closely akin to it?

Until we come to think of ourselves as "Canadians" we need not aspire to becoming a force among the nations. We hear a great deal now-a-days about an international spirit and a world peace, but we have to reach that greatly-to-be-desired goal by easy stages. Before turning our minds toward international affairs, we need to make a reality the visions of those great statesmen who sat around a massive oak table in the City of Quebec in 1867 for the purpose of signing their names to a document called "The British North America Act."

In an address given by Dr. Glover, of Cambridge University, at a meeting of the National Educational Council held in Montreal in April, 1926, the speaker pointed out what modern civilization owes to Greek culture. He spoke of freedom, independence and clearness of thinking, interest in others and self-criticism as the features of our debt to Hellenism. He dwelt on the outstanding characteristics of the Greeks,—their interest in the customs, ideas and tastes of other peoples with the reaction that this had on themselves in the way of developing self-criticism.

The one note that was stressed more than any other in this important educational gathering was the need of self-criticism in Canada. It is because we are so new that, like all young things, we love praise from others, and alas, too often, indulge naïvely in self-praise. But we are coming to maturity, and should now be able to evaluate criticism, especially self-criticism.

It would seem as if the nursing profession mirrored the trend of things in the country as a whole. Until the organization of the Canadian Nurses' Association there was no national cohesion in nursing circles in Canada. Even after this organization became fairly well established, there were sometimes signs of internal cleavage. Thanks, however, to the real solidarity of the nursing profession, there has been a stronger national atmosphere in the Canadian Nurses' Association than one finds generally in the political, economic and social life of the country. Now the time seems ripe to turn on ourselves the searching light of self-criticism. It will doubtless illumine many of our own problems as well as make us much more tolerant of our neighbour's shortcomings.

Our Distinguished Visitor

The Canadian Nurses' Association is to be honoured by a visit from Dame Maud McCarthy, G.B.E., R.R.C., at the time of the general meeting in Ottawa, August 23rd-27th. Dame Maud has graciously consented to address the opening session on the evening of August 23rd, and to speak on the work of the C.A.M.C.N.S. on the occasion of the unveiling of the Memorial.

Dame Maud has had a noteworthy career. She is a graduate of the London Hospital. Soon after her graduation, she was selected with five other Sisters from the London Hospital for service in the South African War. After her return she received a special decoration given by Queen Alexandra and presented by His Majesty King Edward VII.

In 1903, Dame Maud was appointed Matron in Queen Alexandra's Imperial Military Nursing Service, and in 1910 was made Principal Matron in the same service. At the outbreak of the Great War, she was appointed Matron-in-Chief in the Q.A.I.M.N.S., British armies in France, and she occupied this position until the close of the war. In 1920, she was appointed Matron-in-Chief, Territorial Army Nursing Service, which position she now holds.

The following is a list of her decorations:—G.B.E.; R.R.C. with bar; Legion d'Honneur (Francais); Medaille de la Reine Elisabeth avec Croix (Belge); Medaille des Epidemies en Vermeil (Francais); Lady of Grace, St. John of Jerusalem; civil —Florence Nightingale Medal and American Red Cross Medal.

DAME MAUD McCARTHY, G.B.E., R.R.C.

Canadian nurses cannot fail to be proud of a nurse who has had such a distinguished career. But there is something more to say about Dame Maud McCarthy: Canadian nurses who meet her at Ottawa will love her for herself. It is seldom that one meets an individual who has been vested with great authority and who has managed to retain a simple, natural kindness and thoughtfulness for others. This is the mark of the really great, and this is the distinguishing mark of the queenly woman who is to be our guest.—J. E. B.

Home Nursing in New Brunswick

By SIBELLA A. BARRINGTON, Reg.N.

"O Canada! We stand on guard for thee," are words that come to one's mind very often when doing Home Nursing organization work in New Brunswick.

First, let me say a word about New Brunswick. In this wonderful Canada of ours, with its beautiful scenery, each province has its special features —mountains, rivers or prairies—to make the heart of every true Canadian proud of his birthplace; but there are really few lovelier places than those to be found in the Province of New Brunswick. It is so far from the vast western plains that its very existence would be almost forgotten if it were not for the fact that some of the ablest men in the West were born and educated there. New Brunswick proudly claims to be the birthplace of men whose names live in the history of Canada. Bonar Law, too, a former prime minister of Great Britain, was born in New Brunswick, and a monument was erected to his memory in Rexton last year.

The work of Home Nursing in this Province was begun in 1925 by Miss Ruby Hamilton, who was sent from the Canadian Red Cross Headquarters in Toronto to study existing conditions and see what could be done in forming classes. She remained six weeks and did good work. She saw the big need for someone being placed in New Brunswick for a time, with full attention given to the work. Did someone say was it at all difficult? Is any new work difficult? Is it not always hard to bring a very new gospel to a people living in isolated districts? When it is one of health for the family—not the stock! —it is still more difficult.

During the early months of 1925 work had to be done in Saint John. There, among the groups interested in the good of their community, large classes were formed, and interested nurses gave their services willingly —"in memory of the soldiers who lie in Flanders Fields." And the press gave great help. All classes when formed were reported and favourably commented on. To the press the success of the work in New Brunswick is largely due, for New Brunswick is a small province and the Saint John papers go all over it. Because of this, when spring came, the people in remote districts were ready and anxious to know more about the wonderful classes Saint John had been having during the winter. In New Brunswick the Women's Institutes are very active and the members are the heart of the life in their communities. Many of the Institutes are in most remote districts, the members going many miles to attend their meetings. When it was brought to their notice that the Red Cross Society was giving to the women of New Brunswick a chance to take Home Nursing classes, they at once saw the opportunity; and then the real work began. Class after class was organized through the Institutes, as well as through some of the Red Cross Societies in different parts of the Province. Every Red Cross Society that understood the Peace Time Policy of the Red Cross—and they were many—has had a Home Nursing class, and one and all express their thankfulness for benefits received.

Perhaps it would be of interest if a few of the classes were described.

Come for a few minutes with me to Kent County, to a little group of villages miles from the railway station. The people are for the most part French, and their chief occupation is fishing. A long stretch of sandy beach first meets the eye, with cottages straggling on the banks, and a long road which appears to end where the sunset begins. Beautiful—but only with the natural beauty there since the world began. The French people are very fine and their

(Miss Sibella A. Barrington, Reg.N. Dominion Organizer, Home Nursing.)

big ambition for their children is to give them the education which their parents lack, and every economy is used for this end. The result is that in some instances the children are not well fed. In one family in the village three sisters have died of tuberculosis, one after the other. In turn they had been sent to the convent school nearby to be "taught to be teachers," but they were sent too late; in turn they returned to die. The one remaining member in that family was eager to learn all Home Nursing could teach, and the sad

A HOME NURSING CLASS IN NEW BRUNSWICK

mother wished it had come to their village earlier. Sleeping with open windows, eating simple, healthy food, drinking milk instead of coffee, were new ideas to them. The importance of teaching these people pre-natal care and the necessity of getting trained aid early was brought out by a story told of a young woman being taken ill and having only an old woman with her. After hours of suffering the nearest doctor—who lived in a town twenty-eight miles away—was sent for. He started at once, but a terrific storm was raging and the snow drifts were so bad that travelling was almost impossible. After having spent twenty-three hours on the journey, changing horses five times, he arrived to find the baby dead and the mother's condition precarious.

In that village, where there was neither doctor nor nurse, a big piece of work has been done. A nurse with vision offered to go for three months during the summer and live there; teach the classes that were formed; hold clinics; and try to improve conditions in the community. They are asking for more classes there as they feel the benefits they have received are so great. We travel on through New Brunswick. This time to an island in the Bay of Fundy. Again great natural beauty; beauty that makes one draw a long breath and realize in every fibre of one's being the fact that God made the world and saw that it was good. In the summer this island has many wealthy Americans as a part of its population, but in the winter it is forsaken, and at times quite desolate. The year-'round inhabitants are for the most part fishermen, and when the season is good, times are good. If the fishing is poor, times are poor. No nurse, no doctor. If illness comes a doctor has to come by motor boat. If there is a big storm, and in winter there are many big storms, the patient must wait, and if, in the waiting, the patient goes "over the river," they take it

as "God's will." Here on a lovely day in June plans were made for the classes to be held in the winter months. It then seemed as if no storms could spoil the loveliness of the peaceful island, bathed in sunshine and surrounded by blue sea, with the white gulls lazily taking their pleasure and calling one another. When the date arrived in November for the forming of the classes, the scene had changed. An early start by train on a cold, dark morning; a change of trains and long delay at the station; wind and rain; a tiny motor boat, and a very rough sea, were a very different matter. But at 5 p.m. the island was reached and the class duly organized. Again it was the nurse who had done such good work in Kent County who was called upon; and again in memory of Flanders fields, she went down to the island for the winter months. Great work has been accomplished; classes taught; women and girls learning the best health habits, and the boys and men learning first aid. To quote from her letter: "I feel they have learned a good deal about bandaging, etc., to cover their mouths when coughing, to use a handkerchief when sneezing instead of a coat sleeve, and many other good habits which must bear fruit." She has also taken patients to the hospital on the mainland for operations, and brought one case of tuberculosis to Saint John. (A mother who was sleeping in bed with her little daughter and both drinking from the same cup.)

Home Nursing is the foundation-stone for public health in New Brunswick, and the hope is that it will be laid well and very deep in the hearts of the women and girls. Nurses like the one mentioned are giving of their best, and more and more the spirit of co-operation is beginning to be felt in the work. When one thinks that in one district a child of four years of age had to have the first finger amputated to save her life because of a small cut on her finger and the mother thought it a good plan to wrap it up in almost crude carbolic! The result was carbolic gangrene and the wee girl lost her finger. There is a Home Nursing class there now and better things are hoped for.

In one of the milling towns of the Province, where large pulp mills give employment to many people, the living conditions among the people are such that it makes one wonder if it were a dream after all that the Christ Child had been on earth and taught the religion of love—"To do unto others as we would have them do unto us." A doctor in this town talking about the people said: "They will not do as they are told. Give them an order and it is never carried out. The other day I ordered an ice-cap put on a child's neck. Was it done? No! They are hopeless." An effort was made to get in touch with those very people. A big meeting was held. At the close of the meeting a woman not able to speak English very well was brought up to the front to ask a question. What do you think her trouble was? Her baby had a lump on its neck; the doctor ordered ice, but "how could she keep ice on it? The ice melted and gave the baby cold." It was explained to her that she could make a little ice-cap out of a sponge bag and newspaper. The sponge bag would cost ten cents; a real ice-bag was beyond her means. She was a very grateful mother and told this wonderful thing to all her neighbours. Again a large class was formed, and a very interested nurse says they are learning, and conditions are improving. In that district the cemeteries are filled with tiny white crosses, telling of the enormous death rate, which it is safe to say is greatly due to ignorance and unsanitary conditions.

Has New Brunswick received any good from the Home Nursing classes? someone is asking. Just come for one moment to a house in Saint John, on a very stormy winter night. A wee baby was fighting for life with croup; a frantic mother who did not know

what to do was crying; the father had gone for a doctor, for that baby was loved. Upstairs in that tenement house is a young girl of seventeen. She ran down, saw the baby and said: "Oh, I know what to do! I learned it at the Home Nursing classes." An umbrella was quickly opened; a steam tent made, and by the time the doctor arrived with the father the baby was better. The doctor said that the young girl had saved the baby's life.

Again: A country village—no doctor, no nurse, both were to come out from town—but the great event taking place for the first time in that home began before the date told the nurse. What could be done? The husband went for a neighbour, and as a Home Nursing class had been there a short time before, three of the members went; no one wanted to be there alone. With three of them things were easily got ready, and when at last the doctor arrived there was a little baby, very much alive, and a smiling mother, waiting for him to finish the work in a proper manner. He thanked the women and said he wished every woman in New Brunswick knew what the Home Nursing classes could teach!

So it goes on, through cold and snow, sunshine and shadow, slowly but surely Home Nursing in New Brunswick is taking a place in the hearts and homes of the people. And in a vision of the days, not far distant, we hope, there will be groups of women all over the Province who, when they sing, "O Canada! We stand on guard for thee," will not only be singing it, but standing on guard by bringing up their children to be healthy citizens who are proud of their country and intend making their country proud of them.

The British College of Nurses

The May number of the British Journal of Nursing announces that through the generosity of a benefactor, who wishes at present to remain anonymous, the sum of over £100,000 has been donated for the foundation and endowment of an institution to be known as "The British College of Nurses." This gift provides an immediate income of more than £5,000 per annum.

The College will be composed of Fellows and Members, who will be **women nurses only**, and will be formed on the lines of the Royal Colleges of Physicians and Surgeons. A "period of grace" will be allowed during which time registered nurses who have held, or are holding, responsible official positions in the nursing world will be eligible for appointment, without examination or entrance fee, as Foundation Fellows of the College. Registered nurses who have had at least three years' training in recognized British hospitals will be eligible, in like manner, for appointment as Foundation Members of the College. The Foundation Fellows will pay an annual subscription of two guineas (approximately $10.00), and Foundation Members will pay a subscription of one guinea a year. After the "period of grace" the diplomas of Fellow or Member will be obtainable only by passing separate examinations and the payment of entrance fees, and possibly larger life or annual subscriptions.

The College will be governed by a president, two vice-presidents, two trustees, one of whom will be the treasurer, and a council of twelve registered nurses, of whom eight will be Fellows and four will be Members of the College. Each member of the council will receive an honorarium of £100 per annum, while the president and vice-presidents will be further remunerated.

The officers and first council will be nominated by the trustees and, after a defined term of office, the twelve members of the council will be elected: the eight Fellows by the Fellows of the College, and the four Members by the Members of the College, to represent their particular interests. The council will elect the president and vice-presidents as those offices become vacant.

Lecturers, teachers, inspectors and examiners will be appointed by the council; all of these appointments will be well paid.

The College will be an educational and examining body to afford instruction to nurses in professional subjects and various specialties. Also, it will hold preliminary and post-graduate examinations for the diplomas of the College. One of the foremost objects of the College will be the protection of its Fellows and Members, as well as the improvement of their general conditions, especially in regard to assistance in sickness, accident or old age.

Protein Sensitization

By I. H. ERB, M.B., Pathologist to the Hospital for Sick Children, Toronto

It has long been recognized that many individuals possess a peculiar hyper-sensitivity to certain substances. As examples of these one need only mention the individual who always suffers from hay-fever when driving behind a horse, or the one who develops urticaria after eating strawberries or fish, or the asthmatic patient whose attacks are always precipitated upon going into a stable.

It had also been noted that very frequently there was a strong family tendency toward the development of these conditions, as for example, the infant child of a hay-fever patient frequently suffers from eczema, and in later years may develop asthma. Or there may be several hay-fever sufferers in one family, and inquiry will reveal the fact that one of the grand-parents had been an asthmatic.

In recent years a great deal of investigative work has been carried on along these lines with the result that it has been shown that the chief factor in the production of this group of symptoms is some foreign protein. The proteins usually responsible may conveniently be divided into four groups, depending upon the source from which they come. They include foods, plants, animal emanations, bacteria, and a small miscellaneous group, such as orris-root, horse serum, fish glue, silk, etc.

Depending, then, upon the particular offending protein, and upon which tissue of the body is most susceptible to this protein, various diseases or symptoms may be produced.

Thus, if the protein is a food, such as eggs, milk or tomatoes, and the sensitive tissue is the mucous membrane of the gastro-intestinal tract the untoward results of the ingestion of these foods may be manifested by swelling of the lips or tongue, or by vomiting and gastric distress.

If, however, the skin is the sensitive tissue, and some of these protein substances in the process of digestion and assimilation are absorbed into the blood stream, by which they reach the skin, the patient may then suffer from eczema, urticaria or angio-neurotic œdema, the latter sometimes spoken of by the laity as "giant hives." Or should the mucous membrane of the trachea and bronchi be sensitive, these same substances in the blood stream would cause these tissues to swell with the result that an attack of asthma would be precipitated.

Next to the foods, the pollens from various plants probably constitute the second most important group. These are either inhaled, and produce asthma by causing a swelling of the bronchial mucosa, or else, by getting into the eyes or nose, cause irritation to these organs. Acting as it does, as a poison, nature tries to rid the body of the offender by frequent attacks of sneezing, and a copious watery discharge from the nose and eyes. The pollens responsible for most of the hay-fever and seasonal asthma seen in this country may be divided into three main groups:

(a) Those causing vernal hay-fever. These include some of the commoner trees which pollenate early in the spring, such as the maple, birch and poplar.

(b) Those causing early summer hay-fever (from early June until about the middle of July).

These are the grasses, chief among which are orchard grass, June grass, timothy and red-top.

(c) Those causing the autumnal hay-fever, which usually commences about the middle of August and lasts until the frost kills the plants.

This group includes ragweed (the worst offender of all), the common garden flower, cosmos, and other plants such as sunflower, goldenrod, corn, etc.

Next in importance to the pollens comes the group of animal emanations. These frequently cause hay-fever or asthma, if inhaled, or if

coming in contact with the skin, eczema. In this group the chief offenders are feathers in pillows or down comforters. Rabbit hair is also a frequent cause of trouble inasmuch as it is a common trimming for children's coats, hats, and slippers, and also because it enters largely into the manufacture of felt. When examined microscopically, rabbit hair is seen to possess numerous "barbs," and these "barbed" hairs assist materially in binding the felt together into one solid mat. Frequently one has to make a systematic search of the house for such articles as felt hats, slippers, toys, pennants, mattresses, etc., before the source of the rabbit hair is found. Other sources of trouble are pet animals and birds such as dogs, cats, guinea pigs, canaries, parrots, etc. Horses, cattle and goats also contribute their quota of hay-fever and asthmatic patients.

The fourth and last main group is that of the bacteria. While of not nearly as much importance as the three previous groups, yet bacteria appear to play a certain role, particularly in the production of asthma. These organisms are harboured in various foci of infection in the upper air passages or in the lungs themselves, from which they produce their injurious effects.

Of the proteins in the miscellaneous group, orris root is perhaps the most important, inasmuch as it enters very largely into the manufacture of talcum and face powders, and as such is responsible for quite a number of cases of hay-fever and asthma.

Having once established the diagnosis of any of the above-mentioned conditions, the next step is to try to discover, if possible, just which proteins, if any, are responsible for the trouble. To do this, one employs what is commonly called the protein-sensitization skin test. This test depends upon the fact that the skin of hypersensitive individuals will usually show a reaction to the particular protein to which they are sensitive, when a small amount of that protein is rubbed into a scratch in the skin. Without going into the details of the technique of the test, suffice it to say that after cleansing the flexor of the forearm, a series of very small scratches is made and into each scratch is rubbed a small amount of some particular protein or its extract, the solution of the protein being facilitated by the addition of a weak solution of sodium hydroxide (N/10). In selecting the proteins to be tested one is always governed by the history of the case, and the symptoms experienced. Thus in a case of autumnal hay-fever, one would test with the pollens of fall pollenating plants. On the other hand, should the patient be an infant suffering from eczema, which commenced with the use of artificial feedings, one should test with the foods which have been included in the diet. Should the patient be sensitive to any of the proteins tested, the positive results will be indicated by the development, at the site of the scratch, in from 10 to 20 minutes, of a small raised red wheal. This will vary in size, depending upon the degree to which the patient is sensitive.

While it is not the purpose of this paper to enter into a discussion of the treatment of these cases, yet we wish to say that in many cases, an important part of the treatment consists in removing from one's surroundings, when possible, the offending substances such as pets, feather pillows, hair mattresses, or eliminating from the diet the incriminated foods. In the case of hay-fever or asthma, due to pollens, very satisfactory results can be obtained by pre-seasonal inoculations with the pollen extracts. For the more difficult treatment of infants who are very sensitive to both cow's and goat's milk, the reader is referred to a previous publication dealing with this subject.*

Reference: *Tisdall, Frederick F., M.D. (Tor.), and Erb, I. H., M.B. (Tor.): "Extreme Sensitization in Infants to Cow's Milk Protein: Diagnosis and Treatment" (Canadian Medical Association Journal, May, 1925).

Tentative Programme, General Biennial Meeting, Canadian Nurses' Association, 1926

MONDAY, AUGUST 23, 1926

8.00 a.m.—Registration.

Executive Committee (Public Health Section) Breakfast Conference.

9.00 a.m.—Executive Committee Meeting.

Opening Session, 11 a.m.

1. Call to Order.
2. Reading of the Minutes of the last General Meeting.
3. President's Address.
4. Report of the Honorary Secretary.
5. Report of the Executive Secretary.
6. Financial Statement.
7. Appointment of Resolutions Committee.
   Appointment of Scrutineers.
   Appointment of Press Representatives.

Afternoon Session, 2 p.m.

1. Report of the Editor of The Canadian Nurse.
2. Reports of Standing Committees:
   Arrangements,
   Membership,
   Programme,
   Publications.
3. Reports of Federated Associations.
4. Discussion of Reports.

5 p.m. — Nursing Education Section — Executive Committee Meeting.

Evening Session, 8 p.m.

Chairman: President of the Registered Nurses' Association of Ontario.

1. Addresses of Welcome:
   By His Worship the Mayor of Ottawa;
   By Miss Isabel McElroy, convener of the Arrangements Committee;
   By Warren S. Lyman, M.D., C.M., president of the Ottawa Medical Society.
2. Response to the Addresses of Welcome: Miss Jean E. Browne, president, Canadian Nurses' Association.
3. Report of the National Memorial Committee, by Miss Jean I Gunn, convener.
4. (1) "Military Nursing in England," by Dame Maud McCarthy, G.B.E., R.R.C., Matron-in-Chief, Territorial Army Nursing Service of Great Britain.
   (2) Address by the President of the Canadian Medical Association.
   (3) "Modern Health Problems," by Allen Craig, M.D., C.M., American College of Surgeons.

TUESDAY, AUGUST 24th

9.00 to 9.30 a.m.—Registration of Delegates.

Morning Session, 9.30 a.m.

1. Unfinished business.
2. "Nursing Legislation in Canada."
   Short reports on this topic by the president of each provincial Association, followed by discussion of provincial reciprocity, led by Miss Mary Millman, Toronto.
3. Resolutions which have been submitted to the federated associations.
4. Matters referred by the meeting of the Executive Committee immediately preceding the General Meeting.

Afternoon Session

Unveiling of the Memorial to the Nursing Sisters who lost their lives in the Great War.

Evening Session, 8 p.m.

Nursing Education Section:
Chairman, Miss F. M. Shaw.
Address—Miss Laura Logan, Illinois Training School, Chicago, Ill.
"Nursing Education Activities of the College of Nursing," Representative of the College of Nursing, England.
"Some Aspects of the Nursing Schools in European Countries," Miss Jean Gunn, Toronto General Hospital, Toronto, Ont.
"Work of the Shriners' Hospitals," Miss F. M. Potts, superintendent, Shriners' Hospitals, U.S.A. and Canada.

WEDNESDAY, AUGUST 25th

Morning Session, 9.30 a.m.

Nursing Education Section:
1. Minutes.
2. Chairman's Address.
3. Report of the Secretary.
4. Report of the Treasurer.
5. Correspondence.
6. Appointment of Resolutions Committee.
7. Appointment of Nomination Committee.
8. Reports of Committees:
   The Subsidiary Nurse, Miss F. M. Gray.
   Scholarships, Miss A. Slattery.
   Eligibility, Miss L. Dixon.
   Constitution and By-Laws, Miss G. Fairley.
   Text Books, Miss E. Sharpe.
   "To Consider the Possible Modification of the Curriculum and Hospital Service to Meet the Needs of Public Health Nursing," Miss J. Gunn.
9. Business Arising from Minutes, Reports and Correspondence.

10. Brief Reports of Nursing Education Activities, 1924-1926:
Prince Edward Island—Miss E. Greene.
Nova Scotia—Miss A. Carson.
New Brunswick—Miss M. F. Bliss.
Quebec (English), Miss S. E. Young.
Quebec (French), Sister Duckett.
Ontario—Miss M. McKee.
Manitoba—Miss E. Russell.
Saskatchewan—Miss E. Guillod.
Alberta—Miss E. McPhedran.
British Columbia—Miss K. Ellis.

11.00 to 12.00 a.m.

University Schools of Nursing in Canada

1. "Five Years' Course from the Point of View of the University Department of Nursing," Miss M. Gray, University of British Columbia, Vancouver.
2. "Public Health Nursing Education and the Undergraduate Nurse," Miss E. K. Russell, Toronto University, Toronto, Ont.
3. "Public Health Nursing at Western University,' Miss McDiarmid, Western University, London, Ont.

12.00 to 1.00 p.m.

Special Problems of the Smaller Training Schools

1. "How to Provide a Sufficiently Broad Training and Experience for the Pupil of the Smaller Training Schools," Miss H. T. Meiklejohn, General Hospital, St. Catharines, Ont.
2. "Arrangement of Lectures," Miss C. M. Macleod, superintendent, General Hospital, Brandon, Manitoba.
3. "Class Supervision in the Smaller Training Schools," Miss M. F. Bliss, superintendent, Soldiers' Memorial Hospital, Campbellton, N.B.
4. "One of the Few Advantages of the Smaller Training School," Miss Olive Fitzgibbon, superintendent, St. Mary's Hospital, Montreal.

Afternoon Session

Nursing Education Section:

Round Tables—2.30 to 3.45 p.m.

1. Provincial Examinations and Inspection of Training Schools: Convener, Miss E. McPherson Dickson.
2. Problems of Ward Administration: Convener, Miss G. Fairley.

3.45 to 5.00 p.m.

1. Problems of Affiliation: Convener, Miss M. F. Hersey.
2. Problems of Instructors in Schools of Nursing: Convener, Miss E. Sharpe.

5.00 p.m.

Election of officers.
Introduction of new officers.

Evening Session

Reception at the Chateau Laurier.

THURSDAY, AUGUST 26th

Morning Session, 8.45 a.m.

Note—Private Duty Section, 8.45-11.30 a.m.:

1. Round Table CoCnference: Miss Emma Hamilton presiding.
2. Chairman's Address.
3. Roll Call of Members.
4. Name of Provinces Represented.
5. Presentation of suggested By-Laws.
6. Election of Officers.

11.30 a.m.-12 noon—
Paper, "Post Operative Vomiting," by Dr. R. E. Valin, of Ottawa.

Public Health Section, 9.30 a.m.:
Round Table Conference:—

1. Child Health Centres—
Their Function—Miss Esther Beith, director, Child Welfare Association of Montreal, formerly supervisor, Pre-Natal, Infant and Pre-School Nursing, Department of Public Health, Toronto, and director, Dalhousie Health Centre, Halifax.
Their Relationship to the Private Physician—A representative of the Canadian Medical Association.
2. The Mothercraft Training Society—Miss Ethel Cryderman, district superintendent, Department of Public Health, Toronto, and graduate of Cromwell House, Highgate, London.
Discussion.
3. Informal lunch.

Afternoon Session 2 p.m.

Private Duty Section:
Paper, "Financial Saving for the Private Duty Nurse," by Miss Caroline S. Ross, Toronto.

2.15 p.m.—
Reports from Provinces.

3 p.m.—
Address, "Professional Etiquette," by Dr. Helen MacMurchy, Ottawa.

3.30 p.m.—
Address by a representative, Toronto Academy of Medicine.

4 p.m.—
"Blood Pressure and Acidosis," by Dr. J. E. Lapointe, Ottawa.

Evening Session, 8.00 p.m.

Public Health Section: Chairman, Miss Florence Emory.

1. Address—Dr. J. A. Amyot, Deputy Minister of Health.
2. Address—Mrs. Adelaide M. Plumptre, president, Ontario Division of Canadian Red Cross Society.
3. Midwifery in Europe — Miss Mary Beard, R.N., Division of Studies, Rockefeller Foundation.

FRIDAY, AUGUST 27th

Morning Session, 9.30 a.m.

Public Health Section:

Business Session—

1. Reading of minutes of last biennial meeting.

2. Chairman's address.
3. Report of secretary-treasurer.
4. Correspondence.
5. Appointment of Resolutions Committee.
6. Appointment of Nomination Committee.
7. Reports of Committees—
   Programme—Miss E. H. Dyke.
   Exhibits—Miss E. Wilson.
   Library—Miss A. E. Wells.
   Education—Miss E. K. Russell.
   Membership—Miss B. E. Hall.
   Publication—Miss E. Wilson.
8. Business arising from minutes, reports and correspondence.
9. Brief reports of Public Health Nursing Progress, 1924-26—
   Prince Edward Island—Miss M. Wilson.
   Nova Scotia—Miss M. Mackenzie.
   New Brunswick—Miss H. S. Dykeman.
   Quebec—Miss L. M. Moag.
   Ontario—Miss E. H. Dyke.
   Manitoba—Miss G. M. Hall.
   Saskatchewan—Miss Connor.
   Alberta—Miss E. Clarke.
   British Columbia—Miss Morrison.
10. The College of Nursing and its Public Health Activities—A representative of the Public Health Section of the College of Nursing, England.
11. Election of officers.
12. Unfinished business.

General Session, Afternoon, 2.00 p.m.

1. Unfinished business.
2. Election of officers.
3. Reports of Resolutions Committee.
4. Adjournment.

The Ottawa Day Nursery

By KATE W. CASSELS

The Ottawa Day Nursery is an outgrowth of the Settlement House, which carried on such useful work for many years on Rideau Street. The need for a Day Nursery became obvious, and it came into being in 1911, though it was not established as a separate organization until 1916.

The Day Nursery serves as a free employment bureau to workers and employers and is a home where children get nourishing meals, good care and medical supervision while their mothers are at work. In this way women who are obliged to work for the support of themselves and their children are enabled to keep their families together and are not a charge upon the community, as many of them would inevitably become if the Nursery were not there to assist them to help themselves. They receive two dollars for a day's work and in turn pay the Nursery ten cents a day for one child, or fifteen cents for two children. During the past year their earnings amounted to $20,360, and they paid $494.10 in fees to the Nursery.

There were at the Nursery during the past year an average of 40 children per day. On some days there were as many as 75 to be fed and cared for. Those of tender years are taken to and from whatever school they may attend, whether public or separate, as the case may be, the Nursery being undenominational and non-sectarian. Many special feedings are provided; with bottles of prepared milk for the babies.

Free clinics, which were started early in 1923, as an experiment, are now a well-established part of Day Nursery activities; and perhaps in no way is the Nursery of more value to the community than in the free medical treatment and advice it provides. During the past year 2,551 patients were treated at these clinics. The doctors and nurses in attendance very generously give their services.

But the Nursery is not always a place of work and routine. Holidays do not pass unnoticed; Christmas especially is a time of jollity and good cheer.

The Nursery is open from 7.30 a.m. to 6.30 p.m. every working day and welcomes visitors at any hour. The address is 87 Albert Street.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

Nursing Conditions and Problems in Australia

By J. BELL

The first attempts at organization of the nursing profession in Australia were brought to a successful issue in 1899 in the State of New South Wales by the formation of the Australasian Trained Nurses' Association. Queensland formed a branch of the Association in 1904, South Australia in 1905, West Australia in 1908, and Tasmania in 1909.

In 1901 the nurses of Victoria, instead of forming a branch of the Australasian Trained Nurses' Association, preferred to establish an Association of their own under Royal Charter, with the title of the Royal Victorian Trained Nurses' Association, and although there were no differences of opinion, particularly in regard to the class of hospital to be recognized as Training Schools, a reciprocal agreement was reached between the two Associations, which has functioned very successfully. An even closer bond was entered into between them in 1923, when the Australian Nursing Federation was founded. This Society now represents the whole organized body of nurses throughout the continent of Australia, and two journals are issued monthly, the Australasian Nurses' Journal for the first mentioned five states, and Una, the journal of the Royal Victorian Trained Nurses' Association.

These Associations were fortunate in obtaining the assistance and co-operation of the large metropolitan and provincial hospitals, which, in addition to helping to establish uniform curricula of training for nurses, placed their institutions at the disposal of the Associations for the practical and oral part of their half-yearly examinations, which made a one-portal system throughout the Continent. It was recognized, however, that this, being a purely voluntary arrangement, could not go far enough and the Associations bent their energies towards obtaining recognition of the status of trained nurses under Registration Acts in the several States, with the result that Tasmania is now the only one where this has not yet been done.

As late as December, 1925, an amending Bill was introduced into the Legislative Council (the upper house) of Victoria, with a view to having nurses trained in the small country hospitals, registered under the title of "recorded nurses," a measure which was finally withdrawn owing to the vigorous opposition offered to it by the Royal Victorian Trained Nurses' Association and Committees of the small country hospitals—for different reasons. Our organization is absolutely opposed to the formation of a second grade of nurse, which is contrary to the democratic ideals of Australian life. The Committees of the small country hospitals—not their nurses—were opposed to the amendment, as they desire full recognition of their hospitals as three-year training schools, to which the Nurses' Board, constituted under the Victorian Act, is not agreeable, unless the training is augmented by experience gained in special hospitals through affiliation.

The great goal of the Australian Nurses' Associations is to bring about as high a standard of nursing as possible and to establish conditions of reciprocity for nurses between different parts of the British Empire and such foreign countries as may be arranged for. The mutual advantage to be gained by easy interchange of nurses from country to country without subjection to unnecessary and vexatious

examinations and restrictions, is too obvious for comment. Sufficient control could be vested in the statutory bodies to ensure adequate standards being maintained.

The large metropolitan hospitals of the populous capital cities of Australia are mostly the clinical hospitals of the Universities, and have already as high a standard both in theoretical and practical work as prevails in any other part of the world. The lectures to the pupil nurses are given by members of the Honorary Medical and Surgical staffs. The conditions under which nurses work in these hospitals are most comfortable. The Nurses' Homes attached are well-furnished, with sitting and recreation rooms for dancing, separate bedrooms, and have ample bathroom accommodation and tennis courts. While the eight-hour standard has not yet been established, except in Queensland, the nurses usually have three hours off duty daily, with a weekly day or night off duty and annual holidays ranging from three to five weeks. In some of the training schools Trust Funds, named after the donors, have been established for the granting of annual rewards in the form of prizes and gold medals for nurses, for the encouragement of study.

The large provincial hospitals also possess good facilities for the training of nurses, and usually accommodation similar to that of the metropolitan hospitals, so that no difficulty exists in regard to these two classes of institutions. It is only in regard to small hospitals, which undoubtedly play a valuable and important part in the rural life of this country of vast spaces and distances, that difficulties exist in regard to the recruitment and training of nurses.

In Australia the nurse has a good social standing, particularly since the Great War. She is an eminently practical person and can usually turn her hand to anything, a condition largely brought about through the scarcity of domestic help in the country. As it is realized in "White Australia" that there are no inferior races to do the so-called "menial" work—a horrible term—a larger proportion of the population has perforce to "do their bit" than is the case in older countries.

The recruits to the nursing service of the large hospitals especially are of good average education, coming in the main from the pastoralist, professional and commercial classes of the community. The idea of their work as a branch of social service is kept well to the fore. A great proportion of them marry comfortably, so that the demand largely exceeds the supply, especially for private nursing.

The pay for nurses varies in the different States. In some of the States private nurses receive four guineas per week, in others three guineas for general and four guineas for infectious cases. Salaries of Sisters in hospitals vary from £106 to £140 per annum or more.

There are other forms of nursing activity, such as Baby Health Centres, and in Sydney and Melbourne infant hospitals have been established to carry out the Plunket System devised by Sir F. Truby King. The Bush Nursing Associations in each State have done a great deal to bring comfort and help in sickness to the settlers in the lonely districts "out back," some of whom can only be reached by bridle tracks.

In our vast empty Northern Territory hospitals have been established by the Australian Inland Mission. It may be of interest to nurses overseas, and give them an idea of the distances of this part of the country, to learn that the ideal aimed at is to have hospitals not more than 200 miles apart. The latest suggestion for carrying medical and nursing help to places in the far north is by aeroplane. The life there is lonely in the extreme, and nurses who volunteer must possess the true missionary spirit. The "getthereness" of the modern Australian nurse, however, is irresistible, and refutes much that has been said and written of the decay of the spirit that

carried the early pioneers of the country through so many hardships and difficulties.

Nurses in Australia, as in every other post-war country, are slowly and painfully trying to evolve a more satisfactory economic position for members of their profession. It makes one feel depressed to see the meagre salaries offered to those who in Australia and Great Britain are called trained, and in Canada and America graduate nurses. Nurses may be able to live for the present on small salaries, but what of their future if they have no private means? Every prudent man or woman after learning a calling begins to provide for the years when he or she can no longer work.

One cannot help feeling that in some countries the expenses connected with the registration of nurses may have something to do with the shortage of suitable applicants for training. In Victoria, at any rate, an effort has been made to cut registration fees and costs down to the minimum necessary for the carrying out of the provisions of the Act, as it is recognized that unless nurses have private means, which assuredly the great majority have not, the payment of even moderate fees is more or less a strain on slender resources.

As Nurses' Registration Acts are now in force in nearly every country, certainly in Britain and its Dominions Overseas, it might be possible to establish Government Endowment or Insurance Funds, so that nurses who have reached the age of fifty or fifty-five should be able to draw a pension of, say, a minimum of £104 per annum, and this without any eleemosynary element being introduced. Such a scheme could be run on a contributory basis, say of not less than £10 or not exceeding £20 per annum. starting about the age of thirty. If a nurse married or withdrew from nursing, then she might be permitted to withdraw the amount she had contributed.

It will surely be conceded that women who **work** (not play) such an important part in the body politic as nurses, should be entitled either to such remuneration as will enable them, if reasonable economy is exercised, to provide for a comfortable middle or old age, or a pension to ensure the same. This is a subject which might well be taken in hand by women legislators. All that has been said relative to nurses might also be said for women teachers, upon whom is placed the enormous responsibility of moulding the minds and characters of the children of the various nations.

(The I.C.N., April, 1926.)

My Nurse

By LOUISE MOREY BOWMAN
To MISS IVA STILES, Toronto

Brave and wise and gentle
  Cool and calm and strong:—
Hands that minister so deftly
  Unto her belong.
Tender voice that laughs or mothers,
  Voice that sooths and croons;
Brain that rules, with strength and mercy
  Fevered nights and noons—
Yielding self in calm obedience
  To physician's rule,
Ever quick to act in danger
  Trained in Pain's great school.

All these things a Nurse would be.
All these is my Nurse to me.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section.
Miss HELEN CARRUTHERS, 112 Bedford Road, Toronto.

Cultivating the Habit of General Reading

By KATE DEADMAN, R.N.

The love of good reading is largely a matter of cultivation. Some people form a studious habit early in life; others never need to cultivate it, in that it was literally born in them. Then again there is another type of person who thinks that it is impossible to get interested in any reading other than the racy novel or the occasional short story, and to whom the current events of the day or what is going on in the world at large in the way of progress or advancement makes little appeal. To them it is dry reading. It is possible also that such an one may be indifferent about acquiring a liking for any other type of reading, failing to appreciate the value of the effort or its results, or the real pleasure to be derived from the wide field of knowledge which is opened up. Such an indifference to broader reading cramps and limits the intellect, like a wheel which moves constantly in one groove. In fact, one could scarcely dignify such a reader by that name.

The cultivation of a liking for good reading in one who has no taste for it is an interesting process. The first feeling is one of apathy and indifference; the perusal of the subject awakens no thrill or response. But as the individual persists in her purpose, in the subconscious mind, as it were, is born a new interest, a dawning realization of the magnitude of the world's literary storehouse. Almost in spite of oneself a desire for greater knowledge springs up; an earnest aspiration to dig deeply into the wells of human thought.

As nurses we pride ourselves on having at least the average degree of intelligence and of being moderately well-read. And yet we may not fully realize what a big part the habit of general reading may play in our success. We appreciate the fact that a nurse should first of all acquire a thorough knowledge of her own profession; further, we emphasize the importance of a pleasing personality and a manner which inspires confidence in the mind of the patient as to the nurse's ability to look after the case; but have we grasped what an asset being able to converse intelligently with patients on general subjects may prove to be? After all, if conditions are satisfactory, the patient soon passes into the convalescent stage, and surely nothing could be more monotonous than to be cared for by a nurse who appears to have no thought or opinion on any subject, or at least has not cultivated the art of verbal expression. Some people are naturally fluent conversationalists, but the majority find it necessary to keep the mind active by a definite effort, and probably nothing proves a greater mental stimulus than the habit of storing the mind with the great events of interest which are taking place throughout the world daily. At least nothing results in a finer spirit of world brotherhood and democracy.

Of course, when we speak of general reading we do not taboo specialized study, but, as nurses, possibly the former has greater value.

There is something else which the practice of reading accomplishes. It tends to produce an ease of manner. While a consideration of the vast amount of knowledge to be obtained makes us realize that after all we are merely in our infancy intellectually,

at least it is very comforting and reassuring not to feel quite ignorant in the presence of superior wisdom and knowledge.

Yes, the habit of good reading makes us better nurses; but whether we engage in nursing or not, our own lives are infinitely enriched by this personal acquaintance with the great minds of all ages. Life may rob us of many things, but once acquired, the passing days cannot take from us this heritage of thought which has become our treasured possession.

Acute Ear and Sinus Trouble

By Dr. L. DeV. CHIPMAN, Saint John, N.B.

There has been a prevalence of ear and sinus infections over Eastern Canada and the United States during the past winter, which, in some localities, has been extensive enough to deserve the term epidemic. Hence the subject is a timely one.

Acute ear and sinus infection may well be grouped together, as the existing cause is, in many instances, the same. The ordinary neglected cold in the head is the beginning of most of these troubles.

A moment's consideration of the structure of the nose will show why it is such a dangerous field for infection. In the development of each nasal chamber there are formed four sinuses or series of sinuses, with narrow openings for ventilation and drainage. Two of these—the antrum and sphenoid—lack dependent drainage, even in the perfectly formed nose, and few noses are perfectly formed. There is usually some mechanical obstruction or narrowing in one or both nostrils. Then when the mucous membranes become swollen with a cold, these narrow passages are practically closed and ventilation and drainage of the sinuses is very poor indeed. It is not surprising then that the infection often spreads to one or more sinuses. Indeed it is probable that with every severe cold in the head there is a mild degree of sinusitis associated. Nature takes care of the great majority of these cases, if given a fair chance; but in some instances the germs get the upper hand and we have a case of acute sinusitis developing.

Even with an acute sinusitis, simple methods to procure ventilation and drainage will usually suffice. If, however, the condition is further neglected and becomes chronic, tissue changes occur, the cillia of the membranes lining the sinus lose their power to waft out the offending intruder and we have a serious condition to deal with, which requires extensive surgery.

The same condition which leads to sinus infection may easily cause ear and mastoid trouble. It is largely a matter of mechanical structure and obstruction which determines whether the infection will spread to a sinus or along the eustachian tube to the ear.

What can we do to prevent these distressing and sometimes disastrous troubles?

The frequency of colds largely depends on the tone of the entire body, and especially of the circulation. Fresh air, regular exercise and cold sponges increase this tone, while crowded, over-heated rooms and late suppers ruin it.

When once a cold has developed it should never be neglected or treated lightly. Untold suffering has been the result of considering it of little importance. The good old remedies, such as a hot drink, a laxative, and inhalations of Friar's Balsam are invaluable, but the great essentials are rest in bed, during the acute stage, and the restoration of proper drainage and ventilation in the nose or ear, as rapidly as possible.

A 21st Anniversary—The Central Registry of Nurses, Toronto

The Central Registry of Graduate Nurses, Toronto, held its 21st annual meeting on Thursday evening, May 27th, 1926, and reported a most successful year. The reports of the various officers and committees revealed a most gratifying increase in the growth of the organization.

June 1st, 1905, saw the inauguration of the Central Registry of Graduate Nurses, Toronto; since that time it has steadily grown until today it takes first place among institutions of its kind on the continent.

In the first year of its existence 214 nurses enrolled and 499 calls were answered; today the membership stands at 1,143 and calls for the year ending April 30th, 1926, totalled 12,777.

The report submitted by Miss Ewing, registrar-treasurer since 1905, was a record of continuous growth and one of which all may be justly proud. The report also shows that the financial standing of the organization is a matter for congratulation.

In recognition of her valuable services as registrar-treasurer, Miss Ewing was presented with a beautiful purse containing some gold pieces.

Many tributes were paid to Miss Emma Hamilton, the retiring president.

The business meeting was followed by a pleasant social evening. Refreshments were served, the table being beautifully decorated with spring flowers, with the traditional birthday cake, adorned with twenty-one candles.

Montreal Anti-Tuberculosis and General Health League

Report of Annual Meeting

The Annual Meeting of the Montreal Anti-Tuberculosis and General Health League was held on the afternoon of March 16th at the Windsor Hotel. There was a large attendance of members and friends.

The chair was taken by Sir Arthur Currie who, in his address, pointed out the need for health work in Montreal, and the possibilities that lie in the prevention of disease and the maintenance of good health. He spoke of what a saving of lives would result from health work, and of what this meant in the economic life of the city. He explained that while Montreal spends a little over forty cents per capita on health work, several times this amount is expended as the result of preventable diseases.

After paying tribute to the ability of the Director of the City Health Department and mentioning the progress that had been made during the past year, the Chairman referred to the need for Industrial Hygiene.

In concluding his address, Sir Arthur acknowledged the co-operation received from the press, and thanked the health and social organizations for their kindness and able assistance, urging that all should work for the cause rather than for their individual agency.

The reports of the staff included the following items:

The Health League acts as the local Social Hygiene Council, with a special committee which is organizing a Health Speakers' Service.

Survey of tuberculosis deaths was made with the following conclusions:

1. The group of 295 cases surveyed coincides with the annual vital statistics in regard to percentages of sex, age and marital condition. Shows a larger percentage of deaths among women, and the largest number occurring in the 20-29 years group.

2. The death-rate is not unduly influenced by migration into the city.

3. The pulmonary type of the disease is responsible for over three-quarters of the deaths.

4. That 66% of the cases visit a doctor for the first time within a year of their death; 63% in pulmonary cases.

5. Adult men and married women are the slowest in consulting a physician.

6. Approximately 60% of cases are under the care of private physicians and 40% under the care of a dispensary.

7. One-third of the homes were supervised by Public Health Nurses.

8. A large percentage of cases work up until a short time before death.

9. Apparent source in 25% of all cases was a previous case in the home.

10. Contacts are supervised in less than half the cases.

11. About half the contacts are supervised by private physicians, the remainder by dispensaries.

12. There are 524 contacts under 16 years of age; 382 of these are contacts of 221 pulmonary cases.

13 Thirty-nine homes were dirty, and in 36 care had not been taken during the patient's life-time.

The Tuberculosis Free Service has been adjusted in conformity with an accepted plan. The Health League gives home supervision to cases attending Bruchesi Institute, Royal Victoria Hospital, Herzl Dispensary, and private physicians. There are six public health nurses on this service, four of whom are French-speaking.

	Under Supervision During Year	Discharged	Supervision, March 1st, 1926
Homes	1,275	494	781
Contacts	6,068	2,163	3,905
Cases	1,425	698	727

Number of Home Visits 9,132
Number for whom arrangements completed 249

In these homes about two-thirds had a bath and one-third a wash-basin. At the time of the first visit nearly one-half were without a separate bed.

In 35% of all cases there was at least one other case in the family. In a special study of 618 discharged individuals, there had been 217 previous cases in 168 families—27%.

A report of the successful demonstration of health teaching in a summer camp was presented; also report of demonstration of a Summer Day Camp or Forest School in which the Health League participated.

A report was read of the campaign in connection with immunization against diphtheria which commenced January 1st, 1926, with the approval of the Municipal Health Department and the local medical societies.

A report was given covering the activities of the Housing Committee, which has been working for almost a year.

The English Demonstration Area commenced work on January 1st, and on March 1st there were 384 families under supervision.

The French Demonstration Area report covered the period April 1st, 1925, to March, 1926.

Total number of cases visited 2,110
Total number of home visits 15,429
Total number consultations 261
Total attendance at consultations 6,086
Total registration at consultations 1,069

In this latter area there are now 100% of the infants under supervision and 51% of the expectant mothers. The proportion of breast-fed infants has increased from 55% to 66%.

The Managing Director closed his report by a reference to the whole-hearted and unfailing good-natured efforts of the staff.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

The Dalhousie University Public Health Clinic

By ESTHER M. BEITH, Reg.N.

The Dalhousie University Public Health Clinic in Halifax was opened in November, 1924. The building was erected at a cost of approximately $250,000, given to the University by the Rockefeller Foundation for the purpose of facilitating the teaching of medicine, particularly in its preventive aspect.

Its peculiar interest as part of the Medical School is not only in the facilities provided by the building itself, but also in its situation and in the relationship of the University to the community, to the hospitals, and to the public health and social organizations of the city.

The situation, in close proximity, of the Medical Buildings of the University, including the Public Health Clinic, to the Victoria General Hospital, the new Provincial Laboratory, the Children's Hospital, Grace Maternity Hospital and the City Tuberculosis Hospital, is unique, and probably not duplicated in any other city on the continent.

The Victoria General Hospital is a provincial hospital and for that reason has never included an out-patient department, which would serve only the city of Halifax. The other three hospitals, though maintained, the Children's Hospital by a private board, the Maternity Hospital by the Salvation Army and the Tuberculosis Hospital by the city of Halifax, have also no provision for out-patient service.

The situation was that, except for the experience gained in the Halifax Free Dispensary, a private organization supported entirely by private subscription, which has carried on the out-patient or free dispensary service for Halifax for 68 years, the medical student had no experience in actually examining and treating patients unless their condition made hospitalization necessary. Admirable as the work of this dispensary was, its distance from the Medical Building and hospitals and its lack of equipment limited its teaching possibilities. Therefore, the primary function of the Dalhousie University Public Health Clinic was to provide an out-patient clinic service for the surrounding hospitals for the purpose of student teaching.

The vision of those responsible for the Dalhousie clinic went beyond this. Much of the work of an out-patient department is carried on in order to prevent hospitalization, or as we often say, to prevent walking patients from becoming bed patients. The next and far more important step is to take the work of prevention back to the source of the supply of our out-patient departments, which is the home—the home in its broadest sense, including all the environmental conditions of the family; in fact, everything which affects the health of the individual and through the individual, the community.

To prevent the walking patient from becoming a patient at all, brings the realm of the medical student teaching of the Dalhousie Public Health Clinic not only into the field of preventive medicine, but to the teaching of public and positive health.

Just here it may be of interest to give a brief outline, taken from a re-

(Miss Esther M. Beith, Reg.N., Director, Child Welfare Association, Montreal.)

port of the Boston Free Dispensary, of how dispensary or out-patient services first originated.

"Following the great plague and fire of London, in 1665, there was so much sickness and misery on account of the poverty of the people that the College of Physicians voted that all their members should give their services to the poor without charge. However, when these physicians were called to the homes of the poor, there was no means of providing free medicine, and the pharmacists of London, at that time organized as a Guild, would not lower their prices, even when requested to do so.

"In order to meet this situation, fifty physicians signed an agreement to pay ten pounds each to one of their number, Dr. Thomas Burwell, which sum Dr. Burwell was to use for medicines for the poor.

"This developed into the opening of the first free dispensary in the English-speaking world in the building of the London College of Physicians in 1667.

"During the first five years of its existence, more than twenty thousand prescriptions were given out, and the physicians complained that the people thought more of this free medicine than of the services of the physicians freely given. In some instances nearly two hundred and fifty years later this is true in our out-patient departments today."

Since that time there has been a wonderful development in medical science, and, as the report of the Boston Dispensary states, "the modern dispensary is no longer a medical 'Soup Kitchen,' but a far-reaching force for the health of the public."

The fact shown here, that just as the physicians were the leaders in the provision of free dispensary service for the poor nearly two hundred and fifty years ago, so must they be today in all schemes for the development of preventive medicine or of a health service for the community.

The health of the individual and the community is the ultimate object of all medical teaching.

The health and social organizations working with the University within the Health Clinic Building are the Halifax Dispensary and Welfare Bureau, the Massachusetts-Halifax Health Commission, the Victorian Order of Nurses and the School Nurses.

Linked up with the medical aspect are these various forces of social science, working for the health and betterment of the people, and it is with the idea of familiarizing the future physicians with the work and possibilities of such forces that the authorities responsible for the Dalhousie Public Health Clinic conceived the idea of making possible the co-ordination of the work of these organizations within one building.

The University maintains the out-patient department or treatment clinics. The medical, surgical and dental staff are part of the teaching staff of the University and give their services without remuneration. Clinics are provided for the treatment of all conditions not serious enough for hospitalization for necessitous patients. The Massachusetts-Halifax Commission carry on the chest clinic, the child health clinics and the pre-school dental clinics. The school authorities also carry on a dental clinic. To these clinics the students are assigned in small groups, and the final-year students, including the dental students for the dental clinic, carry on most of the work under the direction of the clinicians in charge.

There are facilities for complete laboratory examinations and the hospitals co-operate by admitting clinic cases in need of hospital care—such cases are referred back on discharge for out-patient treatment. The emphasis placed on the student-teaching aspect of the clinic often raises the question, "What of the patient?" Without adequate service to the patient, as Dr. Biglow states in a report of the clinic of the Cornell Medical

College, sound teaching is impossible.

The Provincial Government co-operates with the University in maintaining the venereal diseases clinics. The University provides the clinic staff and the accommodation. The Government provides the supplies and part of the nursing staff. The Massachusetts-Halifax Health Commission, the organization which has carried on the public health nursing service for Halifax for over five years, provides a nurse for the follow-up work of this clinic, as well as for all other clinics in the building. This is the only department to which a specialized public health nursing service is given. One public health nurse attends all the venereal diseases clinics and does the social work and home visiting when she does not feel it is in the best interest of the patient to turn it over to the generalized public health nursing staff.

The Halifax Dispensary is located within the building. It maintains, as do all the other organizations, its own identity. It no longer operates its clinic service, as this work is now being carried by the various clinics run by the University. It still maintains an outside visiting service. The physicians on its staff are all on the staff of the University clinics. This makes for a unified service for the patient, both in the clinic and in the home. The Dispensary provides all medicine and surgical supplies for clinic patients; solutions, dressings, etc., for the work within the building, and also provides the attendant service for the dental department.

The Halifax Welfare Bureau, the relief and family case work agency of Halifax, also has its office in the Public Health Clinic Building. It carries on its work independently, as before, with the additional responsibility it has undertaken for the clinic patients. Being on the spot, so to speak, the Welfare Bureau workers can talk over the problems of the clients with the individual clinicians, and thus have the advantage of learning first-hand the medical conditions, as well as the social, involved in the treatment of their families. The Welfare Bureau also acts as an investigating department as to the eligibility of patients for free treatment, the Medical Society of Halifax having agreed to accept the decision of that department.

To the student, this close association of clinician and social agency is of inestimable value. He not only hears the clinician advise additional diet, surgical appliances for orthopaedic cases, changing of living conditions, sanatorium care, etc., but for the patient unable to provide these, follows the case through with the social worker and learns the sources from which such help may be procured.

The knowledge gained here will be applied by these students in their future work in the community to which they go. Further developing this idea, the students are sent into the homes of selected cases to study the home conditions of these patients and their families for themselves, to report on housing, sanitation, and the general health habits of the family. Their reports have been good and prove that the students are thinking out for themselves the effect of all these factors on the health of the people.

The time-honoured question of the vicious circle, of how far poor social conditions are responsible for ill-health and how far ill-health is responsible for poor social conditions, is frequently discussed by the students, and in their reports one very definite recommendation is made, namely, to improve the standard of living, hygiene or health must be taught to the laity.

The Victorian Order of Nurses have an office and a demonstration room within the building. They supply the nursing service for the pre-natal clinic as well as the follow-up and teaching service for all pre-natal pa-

tients. They also do the follow-up work for all clinic cases requiring nursing care in the home.

An outside obstetrical service for student-teaching in connection with the pre-natal clinic was organized in June of last year. The nursing service is given by the Victorian Order and the case taken by a senior student under the direct supervision of a staff man.

Provision is made only for the patient not requiring hospital care or to whom the services of a private physician are not available. The teaching value to the student of knowing first-hand the work of the Victorian Order nurses and of observing their method of preparation for home confinements is the unique feature of this service. This, added to the actual experience in home confinements, cannot help being of benefit to the future care of the mothers of the community to which these students go. The students also accompany the Victorian Order nurses on their visits of nursing care to clinic patients.

The Massachusetts-Halifax Health Commission carry on their health work for the city from the Dalhousie Public Health Clinic. For this purpose they have six public health nurses, some of whom live in residence in the building. The nurses of the Commission have added to their educational public health work the instructional follow-up work of all the clinics. The public health nurse visits in the home to teach positive health, the value of medical supervision in the pre-natal period, the necessity for the periodic physical examination of the infant, the child and the adult, where possible by a private physician, and, if not, by the physician at the clinic; the necessity for proper diet, sleep and fresh air. She finds the case of suspected tuberculosis and suspected communicable disease in home and school and recommends them to secure medical advice, thus helping to prevent the spread of infection. Then, again, she aids the physician in following cases attending the clinic back into the home to see that the physician's orders are carried out. She also brings the report of the home conditions to the clinician. The value of such work is demonstrated to the student every day.

The students also visit with the public health nurses and their reports of such visits show clearly that they are getting a definite conception of the need and value of this service. We had proof from the first year's graduates, who remained to practise in Halifax, of what this intelligent understanding of the public health nurse's work means to the nurse.

Just here I would like to say that one of the things that impressed me most in Halifax was the wonderful interest and excellent work done in preventive dentistry. Halifax had the first pre-school dental school in Canada, and the work that has been done in this field of preventive dentistry is very definitely shown in the improvement of the condition of the teeth of the children entering school since this work commenced. This pre-school dental clinic, as well as the general dental clinic of the out-patient department, is attended by both medical and dental students, and so far as it has been possible, every patient within the building is referred for complete dental examination, and in the case of the pre-school and school child is referred back every six months.

The school plays a very important part in this public health scheme. The school dentist and nurses carry on three dental clinics a week in the building for the schools adjacent to the Health Clinic. The school nurses also co-operate by providing the nursing service for the ear, nose and throat, the orthopaedic and the skin clinics, these being clinics at which the majority of patients are school children.

The Health Clinic lecture room is used not only for medical students'

lectures, but also for health teaching and for health and sociological lectures to the community. The Nova Scotia Technical College, in co-operation with the Red Cross, carry on home nursing classes in the building. In the first year over 70 pupils completed this course. The Extension Department of the University give courses of lectures on the various social and economic problems of the day. Lectures and moving pictures on various phases of public health are given at frequent intervals.

In all these, as well as in everything that goes on in the building, the medical students take a keen interest. They feel that the Public Health Clinic is their own building, and this intangible interest and participation in all the health activities of the community, as well as the definite teaching and personal association with the co-ordinated work of all these health and social organizations, carried on day by day, where they can see for themselves the result, must be a very important factor in the education of the future medical profession in the possibilities of public health.

This does not mean that many of our present physicians do not realize this. They do, and they are largely responsible for the scheme as it is today, and also for the formation in most instances of the co-operating organizations. Nevertheless, to a very large extent, their interest has been in the individual organization, and it is the larger conception of all forces working together for the health of the future that is the aim.

The educational facilities of the Dalhousie Health Clinic have as yet been limited to the medical student. The scheme embraces equal facilities for the training of the public health nurse.

Dalhousie University organized a course in public health nursing in 1920. The course was carried on for three years and it is purposed that it will be reorganized as soon as a demand is again established. The relationship of the nursing personnel of the clinic is peculiarly adapted to the development of this service.

The Superintendent holds the dual position of superintendent of the Health Clinic, responsible under the direction of the President of the University and the Dean of Medicine, who is the Medical Director, for the Outpatient Department, and for the coordination of the various activities within the building. She is also chief nurse of the Massachusetts-Halifax Commission. The Public Health nurses of the Commission, the Victorian Order of Nurses, the School Nurses and two nurses assigned to the treatment clinic constitute the nursing staff.

It is felt that the University Clinic has a very definite contribution to make to the training of the student nurse. In fact, the situation of the hospital training schools, the University and the Public Health Clinic have promoted many visitors interested in student nurse education to comment on the practically ideal facilities for the development of a centralized training school as part of the University scheme.

The organization at present is just a little over a year old, and although many resources are still undeveloped it seems that for a city of 55,000 it holds for the future a vision of the University, the hospitals, Governments (provincial and civic), and private organizations uniting even more closely for the service of the community as well as for the education of the future doctor and nurse.

The Public Health Nursing Alumnae Association, University of Toronto, are arranging a Scholarship for a student to take the Public Health Nursing course at the University of Toronto. Applications desired for September, 1926. For information write to Miss L. Dyer, 62 Dorval Road, Toronto, Ont.

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

Valedictory

By Miss DOROTHY EMBREE

Mr. Chairman, our Superintendent, Members of Medical and Nursing Staff: Ladies and Gentlemen:—

We, the graduating class of 1926, feel that tonight we must say some word of farewell and appreciation to those who have done so much for us during our three years in the Moncton Hospital Training School.

To you, the members of the medical staff, we are deeply indebted for the patience you have shown us in all our failings, and we wish to express our gratitude to you.

To our Superintendent and her assistants we are unable to express how we appreciate the many hours of untiring patience you have spent with us, and we can only do so by adhering faithfully and loyally to all the ethical principles taught us. We can demonstrate this by the manner in which we practise our profession, about which one nurse has said: "Since nursing is my profession, I will magnify its reputation and will allow no criticism to go unchallenged, and will be careful to make none myself. I will be zealous of my profession's reputation and jealous of its honour."

We find it hard to bid farewell to you, our classmates, and to the nurses of the younger classes; but to you, the nurses of the next senior class, we leave the task of upholding the reputation of the school by the conscientious manner in which you assume your new duties. The following is a motto which every nurse should carry round with her:

"Whenever you speak of anyone,
Be sure to have a care
Of whom you speak, to whom you speak,
And how, and when, and where."

But it is the duty of the seniors to set the example for the younger nurses, who are always willing to follow in the footsteps of those who have gone before. We know that you will have both days of sorrow and sunshine; but, remember, to the patients you are always to appear as a ray of sunshine: trying to make them happy and forget their troubles, and by so doing your trials, which seemed so great, will gradually fade away. Above all, remember a nurse should be a womanly woman. Strive always to keep the heart tender, the conscience tender, and the mind open to hear the cry of others.

"I ask thee for a thoughtful love,
Through constant watching wise,
To meet the glad with joyful smiles,
And wipe the weeping eyes;
A heart at leisure from itself,
To soothe and sympathize."

Possibly there is no training outside of nursing which calls for greater courage of soul, unlimited patience and real sacrificing thought for others. But never forget that all of these cannot be attained in a day, nor yet in a year, but that steady perseverance and sincerity of purpose can accomplish much.

In closing we, the class of 1926, transfer to you, our classmates, these responsibilities.

"But still our place is kept, and it will wait,
Ready for us to fill it, soon or late.
No star is ever lost we once have seen,
We always may be what we might have been."

(Read by Miss Dorothy Embree, valedictorian, Class 1926, Moncton City Hospital, Moncton, N.B.)

The Nurses' Sick Room, Lamont Public Hospital

By D. A. YOUNG

In a hospital with a capacity of sixty-five beds, and in which patients frequently number over seventy, it is often a problem to find room for them all, and nurses becoming ill were in the past often worried as to where they might find themselves placed. Caring for them in the Nurses' Home was not very convenient, as there is no resident matron in the Home. Of course, if there was an empty private room, with no one waiting for it, it was given to the nurse, but if there were others in need of a room, she sometimes fared on the "family-hold-back" principle; and so the idea came to us that we would like to have a room of our own.

Through our Student Nurses' Association we sent a request to the faculty of the hospital, asking for a room that we could furnish and have for ourselves when necessary. This request was granted, with the stipulation that if the room was empty any time and all other rooms full, any patient needing care might be placed there for the time being. The room was chosen, which though ordinarily used as a single room, could accommodate two beds if necessary; and with enthusiasm we started planning.

The first item was to earn money, and it was decided to unearth our hidden talents in the line of dramatics. A play was secured, and in our spare moments we tried to practise. We finally presented our play to the public on March 27, 1925. It was staged to a full house and we realized the sum of one hundred and seventeen dollars.

During the year we succeeded in furnishing the room to the extent of a bed—one of the latest Fowler's models—a dressing table, a chair and curtains. The furniture is in ivory, to harmonize with the walls. The curtains are of blue.

In February of this year our association held a fancy dress skating carnival at the town rink. It was a huge success from the standpoint of amusement as well as finance. Through this we were able to purchase a very fine wardrobe.

Great interest is being shown in the room, and the graduates, friends and ex-patients have contributed many useful articles. A very pretty serving tray, dainty dishes, pictures, etc., have come from graduates. A former supervisor of the Training School sent an adjustable bed-lamp. An ex-patient asked to be allowed to contribute flat silver for the tray. This came in Community plate, the Bird of Paradise pattern. The doctors and their wives kindly remembered us, and the housekeeper made us a pair of sheets and two quilts.

At Christmas Santa Claus visited the Nurses' Home, at a linen-shower given for the room by the nurses-in-training. He handed from the Christmas tree a beautiful array of towels, pillow-covers, table and dresser covers, many of them the result of an embroidering fever that had seized the nurses in their spare moments.

During the last few weeks, when quite a number of the nurses were ill, with even two beds in the room, a few embroidered towels, fancy dishes, etc., overflowed into the classroom used temporarily for the sick nurses. We all enjoyed making the room what it is, and will appreciate it very much should our turn come to occupy it.

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

The Names of the Canadian Nursing Sisters who gave their lives in the Great War, 1914-1918

Baker, Miriam E.	N/S	Lowe, Margaret	N/S
Baldwin, Dorothy M. Y.	N/S	Mellet, Henrietta	N/S
Campbell, Christina	N/S	Munro, M. Frances E.	N/S
Dagg, Ainslie St. C.	N/S	McDiarmid, Jessie M.	N/S
Davis, Lena A.	N/S	Macdonald, Katherine M.	N/S
Douglas, Carola J.	N/S	McIntosh, Rebecca	N/S
Dussault, Alexina	N/S	McKay, Evelyn V.	N/S
Follette, Minnie A.	N/S	McKenzie, Mary A.	N/S
Forneri, Agnes F.	N/S	McLean, Rena	N/S
Fortescue, Margaret J.	N/S	Macpherson, Agnes	N/S
Fraser, Margaret M.	Matron	Pringle, Eden L.	N/S
Gallaher, Minnie K.	N/S	Ross, Ada J.	N/S
Garbutt, Sarah E.	N/S	Sampson, Mae B.	N/S
Green, Matilda B.	N/S	Sare, Gladys I.	N/S
Hennan, Victoria B.	N/S	Sparks, Etta	N/S
Jaggard, Jessie B.	Matron	Stamers, Anna I.	N/S
Jenner, Lenna M.	N/S	Templeman, Jean	N/S
Kealy, Ida L.	N/S	Tupper, Addie A.	N/S
King, Jessie N.	N/S	Wake, Gladys M. M.	N/S

Whitley, Anna E., N/S.

Imperial Army Nursing Service

Hannaford, Ida Durant — Nicol, Christina

U.S. Army Nurse Corps

Brown, H. G.	Newkirk, H. M.	Welsh, A. K.
Graham, F. B.	Overend, M. L.	West, A. N.
McIntosh, J.	Symmes, E.	Whiteside, L. V.
MacKay, L.	Walker, A. A.	Wiggins, D. E.

Our readers are reminded that the Memorial erected by the nurses of Canada in proud remembrance of those whose names are listed above, will be unveiled on the afternoon of August 24th, 1926, in the Hall of Fame, Parliament Buildings, Ottawa.

A Message to the Nursing Sisters

Dear Matrons and Nursing Sisters:—

I write to make a very special plea for your attendance at the "Unveiling of the Memorial to the Nursing Sisters who lost their lives in the Great War."

Whilst I have every confidence that no one would absent herself voluntarily, I well recognize possible hindrances and that the journey to Ottawa may entail some little sacrifice, but I beg of you to leave no stone unturned to overcome every obstacle. For so glorious an occasion the largest possible representation is due and fitting.

Your presence is more than a duty: it is a pious obligation owing the beloved dead. Remembering their "supreme sacrifice," how infinitely trivial must seem anything that might deter us from assisting at the last public tribute to be paid these valiant women—our dear dead, whose memory is so inseparably associated with us for all time. So, I repeat, let all make extraordinary efforts not to miss an occasion so fraught with poignant remembrance.

(Sgd.) MARGARET MACDONALD.

CONVENER'S NOTE:—At the time of the annual meeting of the Registered Nurses' Association of Ontario, 1926, in Belleville, the nursing sisters present discussed the question of their wearing service uniform at the unveiling of the Memorial, August 24th, in Ottawa. It was agreed that Matron-in-Chief Macdonald be consulted. The following telegrams and letter make further explanation:

Copy of Telegram

"Miss E. C. Rayside to Miss Margaret Macdonald, Bailey's Brook, N.S.

"Overseas nurses attending provincial convention here wish your opinion regarding wearing of service uniforms at unveiling ceremony at Ottawa. Wire 'collect' to me here instructions for insertion in next issue of The Canadian Nurse.

"E. C. RAYSIDE."

Copy of Reply

"Greetings to convention. Agree uniform most appropriate. Consulting regulations. Letter follows.

"MARGARET MACDONALD."

Copy of Letter

"In pursuance of the above, steps were taken to obtain the necessary permission to wear Service Dress with decorations and medals. Through the Adjutant-General authority for same is now provided and all District Commands notified accordingly.

"More recently it has been ascertained that some Matrons and Nursing Sisters intending to be present at the unveiling do not favour uniform: they fear that many have outgrown their uniforms and that others might preferably remain at home. Naturally, the question of 'to wear or not to wear' is optional to the individual.

"Personally, and quite apart from sentimental reasons, I consider uniform superior in taste, dignity and style, and by far the most fitting dress for such an occasion. What could present a more charming picture to the eye than a storming of the Capital by the Bluebirds?

"No doubt many have outgrown the old, and may be reluctant to purchase new uniform on the ground of economy: but what an advantage to have always on hand so honoured a burial dress!

"How splendid a showing if at least a hundred should attend in uniform! Perhaps each of the overseas clubs might send at least ten.

"I should be so pleased to hear from each sister who hopes to come in uniform, and to learn of any help or information I can give.

"Unless we can make a fairly presentable showing it would be folly for a handful to come in what is really

'correct dress.' So, please everybody write me. Get out your service dress, decorations and medals, veils, tan shoes and stockings. For real uniformity no skirt should be more than seven or eight inches from the ground. Decorations and medals should be properly mounted on a bar, and this is usually done by a jeweller or military tailor. Smiling all the while, get out that old button stick and shine, shine, shine.

"Miniature decorations and medals will be in order for the overseas dinner on the evening of August 24th, reservations for which should be made through Miss G. Garvin, Isolation Hospital, Ottawa. Please, dear everybody, join what is sure to prove the very best reunion ever. In high anticipation, I hope *all* the warrior sisters will come.—Always sincerely,

"MARGARET MACDONALD,
"Matron-in-Chief (R)."

Note:—Returned nursing sisters who wish to secure information regarding the wearing of decorations at the unveiling of the Memorial may get the directions, provided by Matron-in-Chief Macdonald, by writing to the convener of this section, N/S Maude Wilkinson, 410 Sherbourne Street, Toronto, Ont.

News Notes

MANITOBA

On the occasion of the Duchess of Atholl's visit to Winnipeg the Women's Canadian Club invited certain nursing sisters as guests at the reception and luncheon given in her honour. These were the president, Mrs. J. F. Morrison, A.R.R.C.; past presidents, Mrs. A. D. McLeod, Miss A. J. Attrill, A.R.R.C., who was also of the 1914 contingent, with Miss E. F. Hudson, M.R.R.C.; Mrs. J. H. R. Bond, of the Egyptian expedition, and Mrs. Howard of the N.W. Canada campaign. Mrs. Morrison presented a corsage bouquet on behalf of the club, and Miss Hudson seconded the vote of thanks to Her Grace for her address.

The executive of the Nursing Sisters' Club, with the women's auxiliaries of veteran organizations, gave a reception to Their Excellencies Baron and Lady Byng of Vimy in the Royal Alexandra Hotel immediately prior to their departure, on May 29th. After chatting informally with those present, His Excellency gave a short address. Bouquets were presented to Her Excellency by Mrs. Morrison on behalf of the Nursing Sisters' Club and by Mrs. R. A. Rogers for the other organizations.

On Decoration Day, May 30th, several nursing sisters were guests of the Amputations Association. After the service in the Stadium the procession marched to Brookside Cemetery, where a service was conducted. Wreaths and crosses were placed on the Cross of Sacrifice by various organizations, including one in loving memory of nursing sisters, placed by the president of the Nursing Sisters' Club.

The Nurses' Residence, Wolseley Ave., Winnipeg, was kindly lent to the nursing sisters on June 4th, when a Bridge was held to increase funds for sending a delegate to Ottawa. Prizes and refreshments were donated.

Mrs. Lancelot Dent, A.R.R.C., Lady-Superintendent-in-Chief of the St. John Ambulance Brigade Overseas, was a visitor in Winnipeg on June 6-8. A parade service, which was broadcasted, was held on Sunday evening. On Monday evening the programme included a banquet, an inspection, reception and demonstration.

Book Reviews

Tuberculosis, Its Prevention and Treatment, by John Laird: The Macmillan Company of Canada, Toronto; price $1.65.

As this is a second edition of this book, a review seems superfluous. The publishers have done much towards increasing the value and usefulness of the work by producing it in a handy form of small, light-weight edition, with very legible printing. This little book would fit into one's coat pocket or club bag.

Although the book contains a large amount of information about "Tuberculosis," it has not much value as a text book for nurses. It could be used as a reference book in the nurses' library as it advocates modern treatment of tuberculosis in a certain measure.

The American Pocket Medical Dictionary, by W. A. Newman Dorland, A.M., M.D.: The W. B. Saunders Company, 1926; thirteenth edition, revised and enlarged:

News Notes

ALBERTA

CALGARY

At the graduation exercises, class 1926, of the Calgary General Hospital, held recently in Al Azhar Temple, twenty-three graduates received their diplomas. His Worship the Mayor acted as chairman, Dr. W. A. Lincoln addressed the nurses, and Dr. G. R. Anderson presented the diplomas. After the presentations the Florence Nightingale pledge was read by Miss McPhedran, registrar of the Alberta Association of Registered Nurses. The crowning moment of the evening was reached when the Mayor rose to announce the winners of the special awards. The gold and silver medals for special proficiency were awarded to Miss Margaret Maroney, of Edmonton, and Miss Thomasina Beattie, of Maple Creek, respectively; the scholarship—$250 for post-graduate work—was won by Miss Esther Jean Douglas, of Cranbrook. Pleasing musical numbers varied the programme, which closed with an informal reception and dance. The following is a list of graduates: Misses Gertrude Ackland, Lola Belle Riley, Claribel Splane, Muriel H. Folkins, Annie Cecilia McKee, Dorothy M. Gordon, of Calgary; Margaret Maroney, Edmonton; Esther Jean Douglas, Cranbrook, B.C.; Annie Molander, Erskine; Thomasina Beattie, Maple Creek, Sask.; Edith May Smith, Sedgewick; Nora Bramwell Wellington, Lethbridge; Thelma Anne McColl, Youngstown; Annie P. Henderson, Keewatin, Ont.; Florence Edith Mitchell, Nordegg; Florence J. McWhinnie, Hatzic, B.C.; Effie E. Johnston, Janet M. Brown, Gleichen; Bernice Clare Morris, Osburn, Idaho; Isabel McBride, Enderby; Muriel Wheatley, Blairmore; Margaret Macdonald, Heart Lake; Bessie Margaret Robbins.

The large hall of Al Azhar Temple was the setting for another graduation ceremony recently: that of the Holy Cross Hospital, Calgary, when the following graduates received their diplomas: Misses Minerva C. Popson, Lethbridge; Mildred E. Miller, Millarville; Leila M. Piper, Lucan; Evelyn D. Nelson, Claresholm; Flora M. McLean, Saskatoon; Vivian H. Weatherland, Capechin, Ont.; Doreen C. Kearney, Vernon, B.C.; Daisy M. Docherty, Preemption, Illinois; Beatrice L. Holbrook, Arcola; Margaret McKenzie, Rosshire; Georgetta Morrow, Russell, Ont.; Cora Trea, Wetaskiwin; Theresa I. O'Brien, Ottawa; Grace Cowen, Langdon; Eunice R. Bannen, Warner; Della J. Witts, Winnipeg; Doris V. Phipps, Cardston, and Muriel C. McLean, of Saskatoon.

Dr. G. D. Stanley addressed the class, and His Worship Mayor Webster presented the school pins, at the same time offering the congratulations and best wishes of those assembled to the graduating class of the year 1926. The Right Rev. Bishop Kidd awarded the diplomas and Miss E. McPhedran gave the nurses the Nightingale Pledge. Dr. W. Merritt acted as chairman during the evening, and addresses were happily interspersed with vocal and instrumental solos and duets.

There was a reunion of Calgary General Hospital, 1925, graduates in the tea room of the Palliser Hotel on May 19th.

Miss M. MacLear, Reg.N., returned recently from Baltimore.

Miss Law, Reg.N., has left for Seattle, and Miss Hennessy for Portland, Ore.

Miss MacLean is now in charge of the Rockyford Hospital, Rockyford, Alta.

Miss L. Watkins, Reg.N., of Champion, Alta., is visiting friends in the city.

Miss E. B. May, who has been on the staff of the Rockefeller Institute of Medical Research, New York City, has returned to Calgary to take up private duty nursing.

Miss Weatherhead has taken a position at the Claresholm Hospital.

Miss E. Lyon, of Kingston, Ont., is back again in Calgary and will take up private duty work.

Mrs. H. W. McGill, of 1525 32nd Avenue S.W., gave a tea in honour of Miss Florence West, Reg.N., a June bride-elect. A number of the overseas nurses presented Miss West with a silver comport.

EDMONTON

The Refresher Course for Graduate Nurses given at the University of Alberta, May 3-7, 1926, was a decided success and seemed to be much appreciated by the large number of graduates who attended. Between forty and fifty registered, including nurses from British Columbia, Saskatchewan, and a goodly representation from the hospitals, provincial health staffs, and private duty nurses of Alberta. About seventy nurses and their guests attended the dinner given the evening of the last day. Miss McCammon, Superintendent of the School of Nursing, University of Alberta, presided, and Dr. Tory, President of the University, was the speaker of the evening, taking as his subject the early growth of the University

of Alberta. Fifteen years ago the ground on which the institution is now standing was forest. Miss McPhedran, on behalf of the Alberta Association of Graduate Nurses, moved a vote of thanks to the University and to those who had so kindly given of their time in lecturing during the course. She also paid a tribute to Miss McCammon, who has given unsparingly of her time and energy to the nurses of the province for the past three years, and who leaves shortly to make her home in the East.

BRITISH COLUMBIA

VANCOUVER

Graduate Nurses' Association

During the past six months regular monthly meetings have been held, at the majority of which, in addition to the transaction of business, a lecture or demonstration of interest to the nursing profession in general has been given. The Social Committee serve refreshments at the conclusion of each meeting, thus affording an opportunity for social intercourse.

In March, Miss Trood, dietitian, Vancouver General Hospital, gave a very interesting address on Some Newer Phases of Diet in Relation to Health, which she demonstrated by showing the actual foods.

At the April meeting, Dr. Greaves, Director of Physiotherapy, Vancouver General Hospital, gave a very instructive lecture on Physiotherapy, showing charts and pictures dealing with this subject.

At this meeting a committee was appointed to consider the endorsation of a resolution from the Local Council of Women that we petition the Legislature, through the Special Commission appointed to investigate mental illness in British Columbia, that a law be passed making sterilization for both sexes of the mentally deficient lawful under the jurisdiction of a board of examiners, and recommend the family physician, if any, be consulted and his consent obtained.

Our committee went into the matter very fully, seeking information from all available sources, including medical opinions from specialists who seemed best fitted to advise on this question.

Finally, on receipt of their report and recommendations, it was decided that this organization endorse the resolution submitted by the Local Council of Women.

Miss Isabel McInnes, M.A., Ph.D., Associate Professor of Languages, University of British Columbia, gave a lecture in May, entitled, Picturesque Bavaria, illustrated by lantern slides. This travelogue was of great interest to all the members present.

The June meeting took the form of a picnic arranged by the private duty nurses. This was held at Bowen Island, Howe Sound, and was much enjoyed by all those who were able to attend.

Executive meetings, both special and regular, as well as meetings of the various standing committees, have been called as required to carry on the business of the association.

As a nursing group, we are still continuing our activities in connection with the children attending the City Creche.

Re Central Directory for Private Duty Nurses: Last year the special activity of the association was the revision of the by-laws to more clearly establish the status of the Nurses' Central Directory and to bring it under the control of the Vancouver Graduate Nurses' Association. This was successfully carried to completion, and new copies of the by-laws printed and distributed to the members.

This Directory is now governed by a Directory Committee, which consists of not less than five members: two to be elected by the association (one of whom shall represent institutional membership), one by St. Paul's Alumnae Association, one by the Vancouver General Hospital Alumnae Association and one by the Private Duty section of the G.N.A. of B.C. Meetings are held once a month or at the request of the registrar. The registrar, who also acts as treasurer for the association, was given an assistant in order that the office of the Central Directory would have someone on call for telephone duty both night and day.

The Central Directory has been functioning very efficiently and the experiment has proven to be most successful, both financially and professionally.

During July and August no meetings will be held, the members for the most part being out of the city enjoying well-earned vacations or the stimulation of summer school work.

VICTORIA

St. Joseph's Hospital

The seventh annual meeting of the Alumnae Association of St. Joseph's Hospital was held on Saturday, June 5th, the proceedings commencing with a luncheon held in the private dining room at the David Spencer Restaurant, the members afterwards assembling for the business meeting at St. Joseph's Hospital. The annual report showed that during the year seven regular, two executive and one special meetings were held and that $176 had been raised by means of home cooking and rummage sales and a bazaar. At the March 18th meeting a dance was arranged for the 1926 graduates, which proved a great success. On Hospital Day, May 12th, many hundreds of people visited the hospital, when members of the

Alumnae assisted Sister Superior in receiving the visitors. Under the auspices of the Ladies' Auxiliary the annual Tag Day was held on May 29th, the Alumnae assisting by taking over one corner for the entire day. An interesting financial report was presented and a tentative programme of the coming year's activities was outlined. It was decided to award an annual scholarship of $100 to the graduate gaining the highest marks in the Provincial Examinations for Registration; said scholarship to be used for post graduate work, to be taken within a year of its award.

At the conclusion of the business meeting about forty members were the guests of the Sisters at a most delightful supper. After supper the members, accompanied by the Sisters, visited the various departments, thus bringing to a close one of the largest meetings the Alumnae has enjoyed.

Miss D. Grubb, 1926, is engaged in private duty in Victoria.

Misses H. M. Douglas and H. M. Mackenzie, 1925, have resigned from the staff of the Salter Hospital, Sacramento, Calif., and are engaged in private duty in Oakland, Calif.

Misses Claire Rose, Given Pontifex and Iris Mardell, 1925, are all engaged in private duty in Victoria.

Miss Catherine Devereaux, 1925, has returned from a six-months' visit to Honolulu and is doing private duty in Victoria.

The Misses McEwan entertained at two showers recently for brides elect: the first for Miss D. P. Clippingdale, 1922, who left on the "Orangie" for Sydney, N.S.W., to marry Mr. d'Arcy Goldrick, of the Pacific Cable Board, and the second for Miss Grace Sidringham, whose marriage to Mr. L. A. McLaughlin, of Chemainus, took place early in May. They also entertained at a shower for Miss Gladys Croft, whose marriage to Mr. Ernest McIntyre, of Nanaimo, took place on Monday, June 7th.

Miss Doris Taylor gave a farewell party recently for Miss E. G. Reid, who has accepted a position on the staff of the Sanitarium, Tranquille, B.C.

Miss W. V. Blankervoort, 1925, is on the staff at St. Ann's Hospital, Juneau, Alaska.

Miss A. Dunn, 1921, has completely recovered from her long illness and is engaged in private duty in Victoria.

Much sympathy is extended to Mrs. Mary McKenzie, 1925, in her recent accident in Vancouver, when she fractured her leg. It is gratifying to know that she is making a satisfactory recovery.

Miss Lilyan Charlebois, 1924, has resigned from the staff of the General Hospital, Annacortes, and is doing private duty in Victoria.

Miss F. Rumming, 1924, is doing private duty in Bellingham, Wash.

MANITOBA

BRANDON

The graduation exercises of class 1926 of the Brandon General Hospital School for Nurses took place in St. Paul's Church at 8 p.m. on the 18th of May, when nineteen nurses received their diplomas. The invocation was offered by the Rev. C. G. Stone; Mr. R. Darrach, president of the Hospital Board, presented the diplomas, while Miss C. Macleod, superintendent of nurses, gave each nurse her pin. The Rev. R. H. Lowry delivered an impressive address to the graduates, and Dr. Bolton, representing the medical staff, gave some timely advice. Miss Merle Walker was valedictorian for the class and expressed their appreciation for all that had been done to equip them to succeed in their chosen work. The various vocal solos were much appreciated, and a charming note of colour was added by the three little girls who presented bouquets of flowers to the graduates. Gold, silver and bronze medals were awarded by the medical staff to Miss W. Halliday (who also won the general proficiency prize), Miss W. Ferguson, and Miss H. Boyes, respectively. The Edmison obstetrical prize was won by Miss G. M. Murray, and the eye, ear, nose and throat prize (presented by Dr. McDiarmid) was won by Miss M. A. Dobson. Miss E. M. Hood was a prize winner in obstetrics. At the close of the exercises a reception was held at the Nurses' Residence in honour of the graduates. Other members of the graduating class were: Misses A. R. Hanna, Hamiota; M. F. Conley, Beresford; H. V. Elcome, Broadview; T. M. Halliday, Wawanesa; V. I. Millard, M. I. Walker, and M. F. Johnston, Brandon; I. V. McSorley, Deleau; M. S. Thomas, Kelwood; E. A. Fraser, Justice; I. Little, Margaret; C. A. Young, Croll; M. C. Elliott, Boissevain; M. A. Mealy, Minto.

The fourth graduation exercises of the Hospital for Mental Diseases took place recently in the assembly hall of the hospital. The Hon. W. R. Clubb, minister of public works, presented the diplomas and certificates in mental nursing. Miss A. F. Mitchell, superintendent of nurses, presented the pins and prizes, and Dr. C. P. Templeton awarded the certificates in first-aid and the prize for the highest marks in this subject. The invocation was offered by Dr. W. A. Cooke; Dr. C. A. Baragar, medical superintendent, welcomed the visitors and expressed his appreciation of their interest in the hospital; Dr. D. A. Stewart, of Ninette, delivered the address to the graduates. Brief congratulatory addresses were made by the chairman, D. L. McLean, deputy minister of public works, and Dr. J. H.

Edmison, M.L.A. The nurses who received their diplomas included: Misses Helen McKenzie, Rosa Bagg, Brandon; Mae Harrison, Maryfield, Sask.; Mona Parsons, Killarney; Grace Remey, Portage la Prairie; Mildred and Clarinda Gustin, Alexander, and Mae Pugsley, Balcarres, Sask. Each graduate was the recipient of beautiful flowers. Edmund Charlwood and John Smith received their certificates in Mental Nursing. The first prize in the senior class of nurses went to Miss McKenzie, who also won the prize for first-aid, donated by Dr. Templeton. Miss Bagg was awarded the second prize. Miss Pansy Delmage and Miss B. Bowan were the winners of the first and second prizes, respectively, in the junior nurses' class. Mr. Charlwood and Mr. Kellie won first and second place, respectively, in the senior attendants' class, and Mr. Bathgate and Mr. Dowson were the winners of the prizes in the class for junior attendants.

National Hospital Day—May 12th—was marked by widespread interest on the part of the citizens of Brandon and community in the work being done by the Mental and General hospitals. Special interest was displayed in the dietary displays of diabetic and other foods, showing the caloric value of each portion, as well as in the other departments of the hospital. The public health nurses co-operated on this occasion, and it was generally conceded that much useful information had been disseminated, which would result in a better understanding of what the hospital means to the community. The Ladies' Aid served refreshments in aid of the Linen Fund during the afternoon and evening.

WINNIPEG

Miss F. V. Hill, Winnipeg General Hospital, 1924, has accepted the position of assistant superintendent at Dauphin Hospital. Miss Hill recently spent three months at the Red Cross Outpost at Fisher Branch, substituting for Miss Litton, who was in Winnipeg for treatment of a fractured elbow.

NEW BRUNSWICK

MONCTON

The graduation exercises, class 1926, of Moncton City Hospital, took place at the Assembly Hall of Aberdeen High School. The Aberdeen High School orchestra was in attendance and rendered the opening selection, which was followed by the singing of "O Canada." The graduates were: Hazel Velma Crossman, Mary Amelia Walsh, Anna Maude Mullins, Dorothy Renoldson Oliver, Dorothy Louise Embree, Mildred Elizabeth Wright, Julia Augusta Ward, Grace Rita McGinty. President Chapman, of the Hospital Board, gave a short address, thanking all those who had contributed in any way towards the success of the hospital and training school, and reviewing the work accomplished and the advancement made within the past ten years. Dr. A. R. Myers administered the Florence Nightingale pledge; diplomas were presented by Mr. Chapman, and the class pins by Miss A. J. McMaster, superintendent of the hospital. Each graduate was presented with a bouquet of roses, the gift of the Moncton Hospital Board. The two prizes of $5.00 each in gold presented by the Ladies' Hospital Aid were won by Miss Dorothy Embree, first; Miss Hazel Crossman and Miss Dorothy Oliver tied for the second. The prize donated by the Moncton Chapter of the Registered Nurses' Association—a nurse's case complete with instruments, etc.—for the highest general average in all subjects during the three years' training was awarded to Miss Dorothy Embree. The three prizes donated by Dr. W. A. Ferguson for the highest marks in gynaecology, senior bandaging and junior bandaging, were awarded respectively to Miss Dorothy Embree, Miss Alice Newcombe and Miss Grace Ward. The prize of $10.00 in gold donated by Dr. A. R. Myers to the graduate making the highest marks in surgical emergency and surgical nursing was divided by a tie between Miss Anna Mullins and Miss Dorothy Embree. Miss Dorothy Alward secured the prize of $5.00 in gold given by Dr. George Lyons to the graduate making the highest marks in bacteriology and anaesthesia. Miss Dorothy Oliver was awarded the prize of $20.00 in gold awarded by Mr. A. C. Chapman for the best deportment throughout the three years' training and the prize of $10.00 presented by Dr. W. P. Kirby for the graduate making the highest marks in anatomy and surgery. The presentations were followed by a very interesting address by Dr. J. Clarence Webster, of Shediac. Enjoyable vocal and violin solos were rendered from time to time during the programme. Miss Dorothy Embree read the Valedictory, and the evening was brought to a close by the singing of the National Anthem.

The Private Duty Section of the Moncton Chapter, New Brunswick Association of Registered Nurses, held an informal dance in the K.P. Hall on Wednesday evening, April 21st. Miss Myrtle Kay, R.N., provincial convener, Private Duty Section, was convener of this event, assisted by the private duty nurses of the city. About 160 couples were present and the gross proceeds amounted to $163.00. The balance remaining after paying expenses was voted for charitable purposes, two prominent items being a gift of $35.00 to the Nurses' Library of the Moncton

Hospital Training School to provide reference books, and a cheque forwarded to a sick nurse. The private duty nurses entertained the graduating class of 1926 of the Moncton Hospital Training School for Nurses to a dinner and drive in June.

ST. STEPHEN

The graduation exercises of the Chipman Memorial Hospital were held on Tuesday evening, March 30th, under the auspices of the Ladies' Advisory Board. Dr. Samuel Webber, in his address to the nurses, urged upon them the necessity of further perfecting themselves for their work by systematic daily reading of nursing and medical journals, and of post-graduate work. The class history and prophecy, read by Miss Jeanette Thomas, was unusually clever and original. Those graduating were: Misses Mary Macklin, Susie E. Dalzell, Alyce McConnell, Edna P. Harvey, Annie P. Spinney, Sadie McBean, Jeanette E. Thomas, Marie L. Allen. The Alumnae Association entertained the graduating class at a banquet at the Queen Hotel on April 6th, when covers were laid for nineteen.

Miss Elizabeth Clarke, R.N., has returned from Livermore Falls, Maine, where she has been professionally engaged for some time.

Miss Agnes Murray, R.N., who has spent a number of years at the Harrington Hospital, Labrador, was visiting in the city recently. Miss Murray will return to Labrador in June.

Miss Helen Boone, Chipman Memorial Hospital, 1925, has returned from St. Andrews, where she spent the winter.

The friends of Miss Laura Ganong, 1925, will regret to hear of her illness at the Francis Sproul Hospital, Sussex, and hope for a speedy and complete recovery. Her sister, Miss Alice Ganong, R.N., is with her.

The Jean Dalzell Branch of the Grenfell Mission has been formed as a memorial to Miss Jean Dalzell, Chipman Memorial Hospital, 1923, who volunteered for service at St. Anthony, Newfoundland, in July, 1925. Although in the work for only a short time before falling a victim to pneumonia, she had greatly endeared herself to those with whom she came in contact and her death in October caused genuine sorrow. In the new hospital being built at St. Anthony, the Dalzell Memorial Ward is a tribute to her brave, loving, unselfish character.

FREDERICTON

Miss Maisie K. Miller, R.N., night supervisor of the Moncton Hospital, is spending a vacation in New York City and St. Martin's, N.B.

Mrs. Leslie Barnett (Jessie Orr, graduate Moncton Hospital), of San Domingo, R.D., has been called home on account of the serious illness of her mother, Mrs. Richard Orr, of Jardineville, N.B., and will spend the summer in New Brunswick.

ST. JOHN

The Saint John Chapter of Graduate Nurses held an enjoyable dinner and bridge in the Georgian ballroom of the Admiral Beatty Hotel recently, when more than fifty of their members attended. Miss Ella McGaffigan, the president, was chairman at the banquet and gave a short and apt address. Hearty chorus singing was a feature of the dinner.

Mrs. Mary G. Fraser, a recent graduate of the Saint John General Public Hospital, has accepted a position at the Montreal Maternity Hospital.

Miss Belle B. Howe, for three years social nurse at the General Public Hospital, has resigned.

ONTARIO

BRANTFORD

The annual meeting of the Brantford General Hospital Alumnae Association was held in the Nurses' Residence on the evening of June 8th, with a large number of members in attendance. The members of this year's graduating class were welcomed into the Association and it is hoped they will become actively interested. Following the election of officers luncheon was served. One of the chief pleasures of graduation time to the Alumnae Association is the return of outside members. This year the following members were heartily welcomed: Miss V. Forsythe, Reg. N., Toronto; Miss M. Hastings, of Columbia Hospital, Wilkinsburg, Pa.; Miss G. Van Every, University of Michigan Hospital, Ann Arbor, Mich.; Miss R. Marks, Listowel, Ont.; Miss Morganroth, Detroit, Mich. The absence of two active members: Miss Helen Potts, Reg.N., now at Apt. 302, 451 S. Bixel St., Los Angeles, Calif. and Miss S. A. Livett, was noted. The Association are extremely sorry to learn of the illness of Miss Livett but glad to hear from her letter to the Association that she is feeling better. The best wishes of the members go out to her at this time. Miss Livett's address is: Pottinger Sanatorium, Monrovia, California.

KINGSTON

The graduation exercises of the Kingston General Hospital were held on May 12th in Grant Hall, before a large audience of relatives and friends of the twenty-nine graduates. Miss Jean Browne, president of the Canadian Nurses' Association, gave an inspiring address to the graduating class, which was enjoyed by all. At the close of the exercises the graduates and their relatives were entertained in the Nurses' Home by Miss Annie Baillie, superintendent of nurses, and the supervisors. Miss Jean Browne, several physi-

cians and their wives were also guests.

A dance was given in Grant Hall on the evening of May 13th in honour of the graduating class.

The Nurses' Alumnae gave a dinner to the nurses who graduated from the Kingston General Hospital this spring. About fifty alumnae members were present to welcome them. After the dinner a delightful time was spent dancing, with a few tables of bridge for those who preferred it.

The annual Tag Day of the Nurses' Alumnae Association, Kingston General Hospital, was a greater financial success than had been expected in view of the inclemency of the weather.

The Alumnae are furnishing two rooms for sick nurses in the Empire Wing, Kingston General Hospital. Ten dollars was sent to help to provide linen for a box being sent to the Grenfell Mission, Labrador.

Seventeen nurses motored to Belleville to be present at the R.N.A.O. convention, attending the different sections in session.

KITCHENER AND WATERLOO

Miss A. Weseloh has accepted a position on the staff of the Victorian Order of Nurses at Guelph, Ont.

LONDON

Victoria Hospital

During the Centennial Celebration in London in August the Victoria Hospital Alumnae Association is arranging a reunion. All graduates of Victoria Hospital are requested to communicate without delay with Miss Jacobs, Ontario Hospital, London, Ont.

OSHAWA

The members of the Oshawa General Hospital Alumnae Association entertained the graduating class of 1926 at a dinner at "Rypalin" Oshawa, May 31st. Covers were laid for thirty-six. The tables were prettily decorated with red and yellow tulips, red candles and favours. Following an address by the President, Mrs. (Dr.) Brown, several toasts were proposed: The King, by Miss Jeffery; our Alma Mater, Mrs. Kurtz, Hanover, responded to by Miss McWilliams, superintendent, Oshawa General Hospital. Mrs. R. S. McLaughlin's address to the graduating class was responded to by Miss Duckwith. Community singing by all present.

Miss Ann Scott, 1914, is Industrial Nurse at General Motors Corporation, Oshawa.

Mrs. Gladys M. Johnston, 1917, is Industrial Nurse at Pedlar People Limited, Oshawa.

Miss Lillian Beckitt, Reg.N., 1925, has been appointed Public Health Nurse, and Miss Ada Rice, Reg.N., 1925, School Nurse at Oshawa.

TORONTO

Hospital for Sick Children

Graduation exercises were held on May 31st in Convocation Hall. The occasion was invested with all its customary interesting ceremony, including the parade of the graduates from the training school to the Convocation building, and the presentation there of diplomas, scholarships and prizes. The address to the graduates was delivered by Rev. Canon Cody, chairman of the Board of Governors of Toronto University, who, in the course of his address, referred to the fact that graduates had previously had to go to Montreal for a post-graduate course in Adminstration in Training Schools for Nurses. Following a conference with the Premier of Ontario, he said, he felt that he could give the assurance that the University of Toronto would henceforth afford the facilities for this course.

Mr. H. H. Williams, chairman, referred to the splendid humanitarian work which the Hospital for Sick Children was achieving, and acknowledged the generosity which had brought so far a total of $700,000 in response to the institution's appeal for $500,000. Miss Kathleen Panton, superintendent of nurses, presented the annual report of the school. Mrs. H. H. Williams presented the diplomas and pins, Mrs. R. A. Laidlaw the scholarships, and Mrs. J. Allan Ross the prizes.

The scholarship winners were: For highest standing in theory and practical work, to pursue a post-graduate university course—Miss Miriam Gibson, the Thomas H. Wood and Wilmot L. Matthews scholarship, $500; to Miss Dorothea Barker, the R. A. Laidlaw and I. H. Weldon scholarship, $500. For efficient work in the operating room—To Miss Helen Howe, the H. H. Williams scholarship, $350.

The prize-winners were: Intermediate year, Miss Mary Acland, Ottawa; junior year, Miss Cordelia Hoeflin, Chesley. For highest standing in examinations—March, 1926, Miss Theodora Clementi, Peterboro; September, 1926, Miss Dorothea Barker, Toronto; February, 1927, Miss Marjorie Adair, Ottawa; September, 1927, Miss Kathleen Muir, Toronto; February, 1928, Miss Susie Welsh, Peterboro; September, 1928, Miss Florence McGugan, Toronto.

The graduates were: Marion Elliott Beatty, Cobourg; Jeanie Brooksbank, Toronto; Dorothea Isobel Barker, Toronto; Winnifred Evangeline Colwill, Newcastle; Theodora Halliday Clementi, Peterboro; Helen Kathleen Chamberlain, Ottawa; Louise Downs, Montreal; Dorothy Mildred Emery, Ottawa; Dorothy Margaret Fisher, Toronto; Lottie Mae Fisher, Barrie; Gertrude Agnes Fleming, St. John; Miriam Lois Gibson, Toronto; Audrey Isobel Graham, Fenelon Falls; Irma Jeanette Hart-

ley, Toronto; Helen Jeckell Howe, Toronto; Stella Marie Hodge, Toronto; Hazel Jean Johnson, Bracebridge; Audrey Wilhelmina Johnston, Orillia; Olga Jean Johnston, Montague, P.E.I.; Helen Bernice Lawrence, Hampton, N.B.; Lillian Grace Miller, Moose Jaw, Sask.; Sibyl Adelaide Macfadden, Peterboro; Dorothy Jane Petry, Toronto; Elizabeth Dorothy Priestly, Calgary; Constance Proctor, Ottawa; Margaret Scott, Rome, Georgia; Grace Gertrude Thornton, Orillia; Alice Mary Vernon, Toronto; Harrietta Mary Wheeler, Toronto; Vera Margaret Watson, Vancouver; Dorothy Grace Wood, Toronto; Helen Mae Wyllie, Sault Ste. Marie, Mich.; Johanna Petronella Gararda Wenthoit, Haarlem, Holland.

St Michael's Hospital

At the graduation exercises held in May, the retiring president of the Alumnae Association—Miss Mary Irene Foy—presented prizes amounting to $100 to the nurses chosen by the student body for the best observance of the Training School rules. A prize of $10 was given by the Alumnae for the best essay on "The Value of an Alumnae Association to the Training School." Miss Mary Robinson was awarded this prize.

Recently St. Michael's Hospital entertained the nurses taking the Public Health Course at the University of Toronto, at afternoon tea. Some of the students had attended the clinics in the hospital during the year, and we shall miss those who are leaving to take up their chosen work in foreign fields.

Toronto General Hospital

The annual meeting of the Alumnae Association was held in the Nurses' Residence on June 2nd. The outstanding business of the evening consisted of reports of the various committees, the election of officers, and the discussion arising out of the various questions to be discussed at the general meeting of the Canadian Nurses' Association in Ottawa. The report of the nominating committee was given by Miss Hickey. The officers elected for the ensuing year are: President, Miss Kathleen Russell; first vice-president, Miss Alice Thompson; second vice-president, Miss Maud Coatsworth; recording secretary, Miss Margaret Dulmage; corresponding secretary, Miss Dorothy Fortier; treasurers, Miss Mabel Cunningham and Miss Nora Huntsman; councillors, Misses Julia Stewart, Clara Brown, Margaret Green, Ethel Campbell, Ethel Cryderman.

As a result of an unusually successful bridge party held in the Nurses' Residence in April, arranged by the social committee, it was possible to send delegates to the R.N.A.O. convention in Belleville, of which Miss Hickey gave an excellent report, and to arrange for the sending of delegates to the general meeting of the C.N.A. in Ottawa. It was decided to invite Miss Snively to attend the Ottawa meeting as the guest of the Alumnae, and to send four delegates, representing the three nursing divisions, as follows: Miss Kathleen Russell, director of Public Health Nursing, University of Toronto; Miss Clara Brown and Miss Fife, representing the Private Duty Section, and Miss Katherine Scott, of the Toronto General Hospital staff.

The graduation exercises in honour of the 44th class of the Toronto General Hospital School for Nurses, were held in Convocation Hall, University of Toronto, on Thursday, May 20th. Dr. Cody opened the proceedings with prayer. Mr. C. S. Blackwell, chairman of the board, gave a short resume of hospital activities during the past year, and Miss Gunn presented her excellent annual report, in which she referred to the new four-year course in Public Health Nursing which had been arranged by the Department of Public Health Nursing, University of Toronto, and the Toronto General Hospital. Miss Gunn also explained that a new scholarship—the Mary Agnes Snively scholarship—had been established by the Alumnae Association. This scholarship will provide for the winner one year's post-graduate study at one of the Canadian Universities, in teaching or adminstration in Schools of Nursing. Miss Hazel Inez Cave, of Beaverton, Ont., will avail herself of this course in McGill University, Montreal, this autumn. A few well-chosen and truly-inspiring remarks to the graduating class closed a brilliant report. Premier Ferguson delivered an address to the graduating class, assuring the audience of his keen interest in all branches of nursing development. The school pins and diplomas were distributed by Mrs. G. Howard Ferguson, wife of the premier, while the scholarships and prizes were awarded by the donors: the scholarships for one year's post-graduate work in the Department of Public Health Nursing, University of Toronto, given by the board of trustees, were awarded to Misses Edna Clancey, Agnes Cranston and Ruth Willis. The scholarship for general proficiency, in the senior year, to Miss Mary Macfarland; for proficiency in operating room technique to Miss Annetta London; for highest standing in practical work to Miss Marv Macfarland; for second highest standing to Miss Marguerite Malone; highest standing in obstetrical nursing to Miss Ruth Carhart, while Miss Agnes Cranston obtained the highest standing in examinations. In addition to the foregoing, two prizes were given in the intermediate year: the prizes for general efficiency to Miss M. Bianca Beyer, and for highest standing in theory to Miss Kathleen Butcher.

At the close of the exercises Miss Gunn held a reception at the Nurses' Residence, where a large number of nurses and their friends enjoyed a delightful evening.

The Alumnae Association entertained the graduating class of the School for Nurses at a delightfully arranged dance at Jenkins Art Galleries on the evening of May 18th. The large number of guests were received by Miss Jean I. Gunn, Miss Clara Brown, Mrs. C. J. Decker, and Mrs. E. A. Gray. The evening proved to be a particularly enjoyable one.

Miss Margaret Wright, 1923, has resigned her position as superintendent of the General and Marine Hospital, Collingwood, Ont., and has been appointed supervisor of the operating room at Evanston Hospital, Evanston, Ill.

Miss Ella Addison, owing to ill health, has gone to her home in New Brunswick for the summer. Miss Elizabeth McKague, 1924, is relieving in Ward "H" in Miss Addison's absence.

Miss Katherine Hamilton, 1925, has accepted a position as assistant night supervisor of the Private Patients' Pavilion, Toronto General Hospital.

Miss Jean Hay, 1924, has resigned as assistant head nurse in F. 4 P.P.P., T.G.H., where Miss Amy White, 1925, is relieving for the summer months.

Miss Elva Shaver, 1926, has gone to Englehart, Ont., to join Miss Peters and Miss Empey, of the Red Cross Outpost Hospital staff.

Miss Mary Anderson, 1926, leaves shortly for Haileybury, Ont., where she intends to join the staff of the Red Cross Outpost Hospital.

Miss A. Cleave has resigned her position as nurse-in-charge of the first floor, Toronto General Hospital, and is engaged in industrial nursing work in connection with "Davies," in Toronto. Miss Mabell Hurst has been appointed to succeed her.

Miss Lillian Bailey, 1923, has filled the vacancy left by Miss Mortimer's resignation, on Ward "G," and Miss Mary Macfarland, 1926, has accepted the position of head nurse on Ward "F," while Miss Nora Huntsman is in charge of "F" operating room.

Miss Dorothy Percy, 1924, who has been on the staff of the Child Welfare Association in Montreal, has resigned on account of the illness of her mother, and is at her home in Ottawa.

The Wellesley Hospital

Many friends of Miss Pearl Chambers, 1920, will be pleased to know that she is now convalescent after her recent serious operation in Wellesley Hospital, and will soon be well enough to return home.

Miss Gertrude Stover, 1921, has resigned her position as assistant in the operating room, Wellesley Hospital.

ST CATHARINES

The graduation exercises of the Mack Training School, Class 1926, took place on May 19th at the Collegiate Institute. The platform was decorated with flowers presented to the graduates and made a pretty setting for the ceremony. The following nurses received their diplomas: Margaret Elizabeth Baird, Almonte; Mabel Minerva Godwin, St. Catharines; Florence Mary McArter, Burford; Mary Alberta Smith, St. Catharines; Ethel Catherine Whittington, Peterboro. Dr. Harkness addressed the graduates and in the course of his remarks pointed out the many branches of work now open to graduate nurses. The Rev. Mr. Riley followed with a talk on the relationship between the church and the hospital. After the reading of the Florence Nightingale pledge by Mr. Murton Seymour the nurses were individually called up to the platform and presented with a diploma by Mr. J. G. Moore (President of the Board), and the Mack Training School medal by Mrs. J. B. Henderson. The proficiency medal presented each year by the Alumnae Association was awarded to Miss Shantz, of Kitchener. The programme was interspersed by several solos and closed with the singing of the National Anthem. Later in the evening dancing was indulged in.

QUEBEC

MONTREAL

Miss Esther Beith, Director of the Child Welfare Association, Montreal, attended the annual meeting of the Canadian Health Congress recently held in Toronto, and gave an address on Public Health Education.

Miss Jean Wade, Supervisor of Verdun District, V.O.N., and Miss Ethel Seller and Miss Jessie McIntosh, staff nurses, V.O.N., Montreal, have resigned from their positions and will be married shortly.

Miss Eva Brooke, who has been on the Montreal staff of the V.O.N. for the past three years, has resigned to do school nursing with the Provincial Department of Health, Alberta.

Miss C. Champagne (McGill, 1922) has resigned from the Montreal staff of the V.O.N. to take charge of a new French hospital in Rhode Island.

Mrs. Brown, who has been on the staff of Visiting Nurses' Association of Kansas City, Mo., has been appointed to the Montreal staff of the V.O.N.

Miss H. Costello (McGill, 1925) has been appointed Supervisor of Cote St. Paul District, V.O.N., Montreal, P.Q.

Western Hospital

Miss Craig spent a short time in Atlantic City recently and attended the American Health Congress while there.

Miss Edna Bates, 1924, has accepted a position as ward supervisor at the Winchester Hospital, Winchester, Mass.

Miss Mabel Robinson, 1924, paid a short visit to Montreal recently prior to leaving for Geneva, Ohio, where she is taking charge of the Community Hospital.

Miss Una Phelan, 1921, who was visiting Mrs. Herbert Caldwell (Eleanor Fowles, 1921) at Iroquois, Ont., has returned to Montreal and is doing private duty nursing.

Miss Mabel L. Green, 1912, has returned to her home at St. Lambert, P.Q., having completed her course in Administration of Training Schools at Columbia University, New York City.

Miss Margaret Tyrrell, 1923, has made an excellent recovery from her recent operation, and Miss Kathleen Cunningham, 1925, who has been ill with pneumonia, is now better.

Miss Charlotte Nixon has left on a trip to the Pacific Coast and will return to Montreal at the end of June.

Miss Marion Nash, one of the supervisors of the Montreal Branch of the V.O.N., attended the annual meeting of the Canadian Public Health Association at Toronto, and led a discussion on "Health Education in the Home."

The Montreal General Hospital

Miss Hazel Estey, 1919, has taken a position at the Lockport General Hospital, Lockport, N.Y.

Miss Edith Carten, 1925, will be resident nurse at Tadousac Hotel, Tadousac, P.Q., this summer.

Showers are being given for some of our brides-to-be this season.

Misses Francesea MacNeil and Mary J. McRae, 1922 and 1923 respectively, are engaged in V.O.N. work in Montreal.

The sympathy of the members is extended to Miss Ethel Clark in the loss of her father, at Carleton Place, Ont.

Miss Margaret Raeburn, 1925, became night supervisor at Montreal Maternity a couple of months ago.

Miss Edith McLeod, 1925, is replacing Miss Elizabeth Cromwell, 1925, in S.O.R. of M.G.H., the latter having spent the past year in that position.

Miss Myrtle Bennett, 1923, recently finished a course in the X-Ray Dept. at M.G.H., and has taken charge of the X-Ray at a hospital in Grandmere, P.Q.

Miss Marjorie MacDonald, 1922, who has been school nurse in New Jersey, has returned to Montreal to care for her mother who is ill.

Miss Alice MacQuisten, 1925, who has been engaged at the St. Agathe Sanatorium since graduation last September, has returned to Montreal to do private duty nursing.

At the May meeting of the M.G.H.A.A., Mr. Chas. Lawson gave an instructive lecture on town planning.

Misses Helen Hewton, 1921, and Alice Le Gallais, 1924, are taking charge of the Convalescent Home at Murray Bay during the summer season.

Among those attending the Biennial Convention of the American Nurses' Association, held at Atlantic City recently, were:—Misses F. M. Shaw, S. E. Young, Frances Reid, Elizabeth O'Dell, B.A., Rachel McConnell, and Eleanor Hancock.

Miss Margaret McCammon, 1918, has resigned her position as Lady Superintendent of the University Hospital, Edmonton, Alta., and returned to her home in Inverness, P.Q., to be married in the near future.

The engagement has been announced of Kathleen M. Branscomb, 1926, daughter of Mr. and Mrs. O. G. Branscomb, of St. John, N.B., to Dr. A. L. Parlon, of Rochester, N.Y., son of Dr. and Mrs. Parlon, of Ottawa. The marriage to take place in the autumn.

Miss Jean T. Henderson, B.A., has recently had the degree of M.Sc. conferred on her by McGill. Since taking her Arts degree she has been a lecturer in Zoology at McGill, and has spent the last two summers at the Biological Station at St. Andrews, N.B., working on experiments conducted for the government. Miss Henderson is a daughter of one of our members, Mrs. J. A. Henderson, Roslyn Ave., Montreal.

Miss Muriel Hill, 1922, who has been touring Europe since she resigned her position on the staff of the Albany State Hospital a few months ago, returned to Montreal recently accompanied by her father, who has been in Italy modelling the memorial which will be unveiled at the time of the General Meeting of the Canadian Nurses' Association in Ottawa.

Recent graduates from the School for Graduate Nurses, McGill University, are: Miss Marion P. Boa, 1919, who won the scholarship awarded by the board of management, M.G.H. In one year Miss Boa completed the two-year course in teaching and supervision, also winning the Dr. Helen R. Y. Reid prize; Miss Helen Hewton, 1921, who was given the Mildred Hope Forbes scholarship, graduated in Public Health Nursing; Miss Winnifred Cooke, 1924, awarded the M.G.H. A.A. scholarship, graduated in teaching and supervision.

SASKATCHEWAN

REGINA

Miss Ethel M. Thompson, who has been Directress of Nurses, Regina General Hospital, for the past four years, has resigned her position, and is leaving the end of the month for her home in Toronto. After spending the summer months holidaying, Miss Thompson is leaving for Virginia, where she has accepted a position.

Miss Elsie S. Nicholson, Director of Saskatchewan Junior Red Cross for four years, has resigned and is leaving early in July for her home in Prince Edward Island. After holidaying for a few months in the East Miss Nicholson expects to leave for England to spend some time doing post-graduate work. Miss Jean MacKenzie, organizer of Red Cross Home Nursing Classes, has been appointed as Miss Nicholson's successor. Before assuming her new duties, Miss MacKenzie is going to spend a few weeks in Scotland.

For the pleasure of the graduating class of the Regina General Hospital, Miss Irene Smith, superintendent of nurses, entertained at a delightful Garden Party, June 1st. The class were also guests at a theatre party and dinner given by the Regina General Hospital Alumnae, and at a picnic at Hungry Hollow, given by the Regina Registered Nurses' Association, for the graduating classes from Regina General Hospital and the Regina Grey Nuns' Hospital. The Alumnae of the Grey Nuns' Hospital also held a dance in honour of their class. Twenty nurses graduated recently from the General Hospital, while sixteen graduated from the Grey Nuns' Hospital.

Miss Helen Muir (Regina General Hospital, 1926), has accepted a position on the staff of the Union Hospital, Empress, Sask.

Miss S. E. Wright (Royal Jubilee Hospital, Victoria, 1923), Miss Dorothy Ball (Kelowna Hospital, 1926) and Miss Phin (Children's Hospital, Chicago, 1924), have joined the staff of the Junior Red Cross Hospital, Regina.

SASKATOON

Miss Annie Fentiman, St. Paul's Hospital, 1923, who has been on the staff of the Sanatorium, Saskatoon, for the past year, left on May 8th for a year's holiday in England. During her absence she will also visit various points in France and Belgium.

Miss Edith G. Mason, St. Paul's Hospital, 1925, who was on the staff of the Edam Hospital, Edam, Sask., for some months, has accepted a position on the staff of the sanatorium.

The 1926 graduating class of St. Paul's Hospital received their diplomas on Tuesday evening, June 15th, at Convocation Hall, University of Saskatchewan.

SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY

The following list contains the names of those nurses who graduated from the School for Graduate Nurses, McGill University, Montreal, in May, 1926:

Certificate in Public Health Nursing—

Miss Mildred Aylwin Chambers, 64 Hutchison Street, Montreal.
Miss Dorothy Cotton, Acadia Apartments, Montreal.
Miss Lenta Grace Hall, North Devon, York County, N.B.
Miss Helen Gertrude Hewton, 369 Sherbrooke Street East, Montreal.
Miss Alice Laporte, St. Norbert, Manitoba.
Miss Syretha Squires, 9 Tessier Place, St. John's, Newfoundland.
Miss Barbara Rainsford Widder, Paris, Ontario.

Certificate in Administration in Schools of Nursing—

Miss Ethel Swann Fenwick, 13 Church Hill, St. John's, Newfoundland.
Miss Alberta Olive Bell, 2340 Montague Street, Regina, Sask.
Miss Myrtle MacMillan, Bedford Street, Port Hope, Ont.
Miss Ester Johanna Kolander, 2345 Commonwealth Avenue, Chicago.

Certificate in Supervision in Schools of Nursing—

Miss Evelyn McNiven Almas, 12 Poplar Avenue, Hamilton, Ont.

Certificate in Teaching and Supervision in Schools of Nursing—

Miss Gladys Hiscocks, 498 Euclid Avenue, Toronto, Ont.
Miss Winnifred Muriel Cooke, Arundel, P.Q.
Miss Janet Grace Calhoun, 3 Little Avenue, Weston, Ont.
Miss Grace Eleanor Newbery, 72 Lawton Boulevard, Toronto, Ont.
Miss Elsie Allder, Putnam, Conn., U.S.A.

Diploma in Nursing Education—

Miss Marion Patterson Boa, Dorval, P.Q.
Miss Winnie Laurier Chute, Waterville, King's Co., Nova Scotia.
Miss Ethel M. Hillyard, 5 Lincoln Avenue, Montreal.
Miss Mildred Reid, Cardale, Manitoba.

BIRTHS

BROWN—On May 17th, 1926, at the Private Patients' Pavilion, Toronto General Hospital, to Dr. and Mrs. Percy Brown (Gladys McEachren, Toronto General Hospital, 1921), a daughter.

CAIRNS—Recently, at Saint John, N.B., to Mr. and Mrs. DeWitt Cairns (Irene Seamans, General Public Hospital, Saint John), a son.

CALDWELL—On February 18th, 1926, at the Wellesley Hospital, Toronto, to Dr. and Mrs. W. Caldwell (Effie Ingall, Wellesley Hospital, 1919), a son.

COLLINS—On May 2nd, 1926, to Mr. and Mrs. Frank Collins (Helen Johnson, Wellesley Hospital, 1922), a son.

CONWAY—On March 20th, 1926, to Dr. and Mrs. Conway (Abigail Derbyshire, Wellesley Hospital, 1921), a daughter.

FORREST—At King's Daughter Hospital, Duncan, B.C., to Mr .and Mrs. E. Forrest (Eileen Haslam, St. Joseph's Hospital, Victoria, 1924), a son.

FULLER—On April 30th, 1926, to Mr. and Mrs. George R. Fuller (Marguerite Pringle, Wellesley Hospital, 1922), a daughter.

GILLIS — In April, 1926, at Sackville, N.B., to Mr. and Mrs. Arthur Gillis (Edith Damery, Moncton Hospital, 1915), a daughter.

HIPWELL—On May 17th, 1926, at Orillia, Ont., to Dr. and Mrs. Hipwell (Luella Laidlaw, Toronto General Hospital, 1923), a son.

LANG—On May 19th, 1926, at the City Hospital, Saskatoon, to Mr. and Mrs. Norman Lang (Jean MacDonald, Saskatoon City Hospital, 1916), of Allan, Sask., a daughter.

MOORE—In April, 1926, at St. Joseph's Hospital, Victoria, B.C., to Dr. and Mrs. J. H. Moore (Dorothea McBride, St. Joseph's Hospital, Victoria, 1923), a son.

SCOTT—On March 30th, 1926, at Fredericton, N.B., to Mr. and Mrs. Nelson Scott (Mary MacLaren, Victoria Public Hospital, 1925), twin daughters.

SHOULDICE—On April 8th, 1926, at the Kitchener and Waterloo Hospital, to Mr. and Mrs. Shouldice (nee Mabel Stockfist), of Underwood, Ont., a son.

STILLWELL — On April 9th, 1926, at Morgantown, W. Va., to Mr. and Mrs. Edwin Stillwell (Gladys Nash, Wellesley Hospital, 1919), a daughter (Jane Ensley).

VAN WYCK—On June 4th, 1926, at the Private Patients' Pavilion, Toronto General Hospital, to Dr. and Mrs. H. Van Wyck (Jean McTavish, Toronto General Hospital, 1915), a daughter.

WILBUR — In April, 1926, at Moncton, N.B., to Mr. and Mrs. Noble R. Wilbur (Kit Humphrey, Royal Victoria Hospital, Montreal), a son.

MARRIAGES

BAKER—HIGGINS—On May 31st, 1926, at the home of the bride's sister at Messina, N.Y., Melba Higgins (Montreal General Hospital, 1921), to James Baker, of Montreal.

BIRD—MORTIMER—On April 21st, at the Church of the Messiah, Toronto, by the Rev. W. R. R. Armitage, Helen Mary Mortimer (Toronto General Hospital, 1918), to Dr. Edward Bird, of Gananoque, Ont.

CARPENTER—MacDOWELL—On March 17th, 1926, at Detroit, Mich., Margaret MacDowell (Saint John General Public Hospital), to Edward Carpenter, of Detroit.

COWIE—MERRETT—On May 15th, 1926, at St. Matthias' Church, Toronto, Kathleen B. Merrett (Hamilton General Hospital, 1924, and Public Health Nursing Dept., University of Toronto, 1925), to Hugh Cowie, of Toronto.

FERGUSON—COWLING — On June 3rd, 1926, at Danforth United Church, Toronto, Dorothea Evangeline Cowling (Toronto General Hospital, 1919), to Dr. Duncan James Ferguson, of Chatham. Dr. and Mrs. Ferguson will reside in Saskatoon, Sask.

FERGUSON—ELLIOTT — On April 19th, 1926, Helen Elliott (St. Joseph's Hospital, Victoria, 1923), to J. Ferguson, of Tacoma, Wash.

GRAHAM—LOWE—On June 1st, 1926, at Clarkson, Ont., Jean Lowe (Wellesley Hospital, 1921), to Douglas Graham, of Trenton, Ont.

HARVEY — POLLOCK — On June 8th, 1926, at Ottawa, by the Rev. A. F. Pollock, father of the bride, Elizabeth Pollock (Montreal General Hospital, 1924), to Robert Harvey, of Cobourg, Ont.

KERR—HARDY — On March 29th, 1926, at Toronto, Marjorie Hardy (Wellesley Hospital, 1921), to Russell Kerr, Oshawa, Ont. Mr. and Mrs. Kerr are residing in Vancouver.

KNECHTEL — BALZER — On May 5th, 1926, Rebecka Balzer, of Bismark, North Dakota, to George Knechtel, of Kitchener.

LYONS—McKAY—On June 1st, 1926, at St. Andrew's Church, Westmount, P.Q., by the Rev. Dr. Clark, Anna Isobel McKay (Montreal General Hospital, 1921), daughter of Mr. and Mrs. John McKay, of Perth, Ont., to Edward Leslie Lyons, of Kingston, Jamaica, B.W.I. Mr. and Mrs. Lyons will reside in Montreal.

McINTYRE—CROFT—On June 7th, 1926, Gladys Croft (St. Joseph's Hospital, Victoria), to Ernest McIntyre, of Nanaimo, B.C.

PYPER—SERVICE—On April 23rd, 1926, Birdie Service (St. Joseph's Hospital, Victoria, 1923), to Mr. Pyper, of Tranquille, B.C.

SAMMAN—BROWN—On December 25th, 1926, at Toronto, Frances E. Brown (Wellesley Hospital, 1920), to Jack Oswald Samman, Brockville, Ont.

SEAR—ANDERSON—On April 7th, 1926, at Sussex, N.B., Frances Jeanette Anderson (Saint John General Public Hospital), to William Roy Sear.

TODD—GRAY—On April 29th, 1926, Jetta V. Gray (Newport Hospital, R.I., 1917), of the staff of the Montreal Maternity Hospital, to Henry C. Todd, of the Montreal Star.

DEATHS

REVEREND SISTER MARY ANNA—On June 7th, at St. Joseph's Hospital, Victoria, B.C., Rev. Sister Mary Anna, for nine years beloved superintendent of nurses, St. Joseph's Hospital, Victoria, B.C.

MILLIGAN—On April 13th, 1926, at the Toronto Hospital for Consumptives, Weston, Ont., Eva Milligan, R.N. (Toronto Hospital for Consumptives, 1924).

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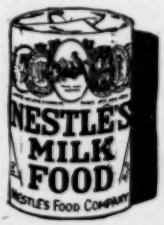

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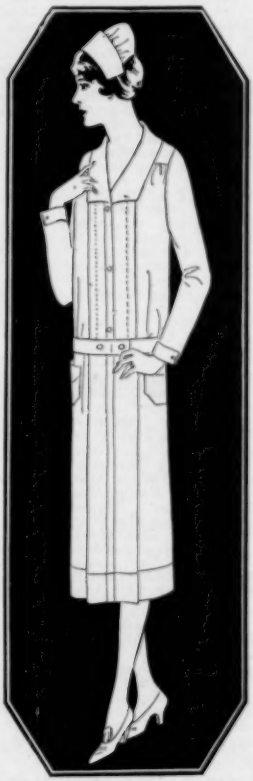

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